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ABSTRACT

During its third year of operation, the National Council on the Handicapped continued to develop priorities for the National Institute of Handicapped Research (NIHR) and worked to identify all research on disabilities and handicaps that is currently underway. In addition, the council's Committee on Services undertook a review and assessment of policies, programs, legislation, and priorities related to federally supported services for disabled and handicapped persons. Addressed by the council's research committee were the state of current research and the need for future research pertaining to disabilities and handicaps. Included among the other activities that the council oversaw in 1982 were the provision of vocational rehabilitative services by the Rehabilitation Services Administration to over 200,000 persons; comprehensive research by the NIHR on the long-term consequences and care of disabilities; the development of a computerized repository for data on all federally funded rehabilitation research; provision of grants to support preschool, elementary, and especially secondary education programs; and efforts to resolve the problems of disabled persons receiving Social Security. (Appendixes to this report include biographies of the 1982 council members, a discussion of the committee structure of the council, the text of its bylaws, descriptions and goals of the Interagency Rehabilitation Research Information System and the Interagency Committee for Handicapped Research, and a list of federal agencies funding rehabilitation research.) (MN)

ED234155

ANNUAL REPORT
OF THE
NATIONAL COUNCIL ON THE HANDICAPPED

MARCH 1983

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MARCH 1983

TO THE PRESIDENT
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE SECRETARY OF EDUCATION
AND THE
CONGRESS OF THE UNITED STATES

RESPECTFULLY SUBMITTED
IN ACCORDANCE WITH
SECTION 401 (6) OF THE
REHABILITATION ACT OF 1973 AS AMENDED

Joe S. Dusenbury
Chairperson
National Council on the Handicapped

THE WHITE HOUSE

WASHINGTON

December 8, 1982

I appreciate the opportunity to welcome members of the new National Council on the Handicapped as you convene your first meeting.

The 1981 International Year of Disabled Persons and the 1982 National Year of Disabled Persons have made all of us aware of the many accomplishments of disabled people, and we rejoice at the number of lives which have been made richer and more productive through education and rehabilitation.

The impetus gained from these celebrations must not be lost. I look to this Council not only to increase our National awareness of what remains to be done, but to work to assure all handicapped Americans full and active participation in our society. Yours is an important task -- sometimes difficult, but a rewarding one of great importance to America's handicapped people and my Administration.

I wish you great success in your efforts.

Ronald Reagan

NATIONAL COUNCIL ON THE HANDICAPPED

Dear Colleague:

The National Council on the Handicapped is dedicated to maximizing the quality of life for all Americans with disabilities. The President and the Congress have recognized that, even though tremendous strides have been made in recent years, monumental problems still exist within our country that prevent achievement of full social and economic opportunities for our handicapped citizens.

As Council members, we are challenged to point out and support model programs that are the most cost effective methods to promote independence. Maintenance programs must be all goal oriented, and dependence factors such as disincentives to employment must be eliminated. This must be done by utilizing the full capability of the handicapped themselves since dramatic evidence is available to show that qualified disabled workers want to live with dignity and participate with the nondisabled in a truly barrier free environment.

We must stimulate efforts to promote wellness and accident prevention in the public and private sector and, where possible, encourage the public to accept shared responsibility for new and creative services in order to assure everyone of the fundamental rights guaranteed to all.

This 1983 Annual report reflects deliberations and actions by members of the National Council on the Handicapped to recommend effective Federal policy, and to better serve the disabled. We feel that every effort should be made to utilize the productivity of millions of able-disabled persons who so eagerly desire a chance to become full partners in the American way of life and to assume full responsibility for their own independence.

Joe L Dusenbury

Joe L. Dusenbury
Chairperson
National Council on the
Handicapped

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EXECUTIVE SUMMARY

This Report to the President, the Congress, the Secretary of Education and the Secretary of Health and Human Services, from the National Council on the Handicapped (NCH) complies with requirements of the Rehabilitation Act of 1973 as amended.* The Act requires that the Council submit a report, by March 31 of each year, on all research and service activities of federally supported programs for the disabled and handicapped specifically including the programs of the Rehabilitation Services Administration (RSA) and the National Institute for Handicapped Research (NIHR). Also reviewed were the Special Education Program (SEP), the Developmental Disabilities Program and the Social Security Administration.

This third annual report of the Council features recommendations concerning a) coordination of special education and vocational rehabilitation programs, b) improved interface of vocational rehabilitation with private enterprise, c) establishment of model centers for employment of the disabled, d) disability prevention through improved health education and accident prevention, e) and means for evaluating the effectiveness of all federal disability programs, f) strengthening the Social Security System.

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*The reader should be aware that Public Law 95-602 "Amendments to the Rehabilitation Act of 1973" (1975) which established the Council and spelled out its mandate (Title IV) is incorporated into a 1979 Compilation of the Subcommittee on the Handicapped for the Senate Committee on Labor and Human Resources. This is essentially the Rehabilitation Act of 1973 as amended.

It contains this Executive Summary, four sections and several appendices.

Section I describes the activities and concerns of the Council, and provides a basis for the rest of the report. Section II discusses some highlights of the programs of National Institute of Handicapped Research (NIHR), Rehabilitation Services Administration (RSA), Special Education Program (SEP) and Interagency Committee on Handicapped Research (ICHR). Section III relates to the status of research to the needs of disabled and handicapped people in the United States. Section IV describes areas of special interest to the Council members, some handicapped, some the parents of handicapped children, and others deeply immersed in professional activities relating to the handicapped.

Apppendices A and B supply information about Council membership, Appendix E lists the presenters for the Council meetings in December 1982 and January 1983, and Appendix I offers a selected glossary of acronyms and abbreviations for convenient referral.

President Reagan announced his intention to nominate the current members of the Council in March, 1982. Formal presentation of his nominees to the Senate for approval took place in August, 1982, and the Council became operative in October, 1982. Members were sworn in on February 1st, 1983.

Two meetings of the Council have been held during the 1982-83 fiscal year: one in Alexandria, Virginia, December 13-15, 1982, and the other in Washington, January 31 - February 2, 1983. Vice Chairpersons

were appointed by the Chairperson and an Executive Committee and two standing committees, for Research and Services, were named. Three ad hoc committees were also set up for Disability Prevention, Social Security Issues and the Annual Report.

Major Activities During 1982

While major work was accomplished during 1981 on developing written policies for NIHR, the Council continued its responsibilities for developing priorities of this agency, which emphasize the involvement of the private business sector and bring more fully into the planning and policymaking area representatives of the consumer group. The Council also worked diligently to obtain a picture of all disability and handicapped research that is being conducted.

The Committee on Services undertook a review and assessment of policies, program, legislation and priorities related to Federally supported services for the disabled and handicapped. It will recommend National priorities for review and action, and maintain a current file on Federal government activities in the disability area with the hope of promoting innovative action. The Committee works closely with the Research Committee to assure coordination of all the Council activities. The Council expressed concern for functionally illiterate adolescents and adults who also suffer from disabilities and handicaps.

The Research Committee assumed the responsibility to review, assess, and to make recommendations about current and future research

related to disability and handicap. Areas of concern included better dissemination and utilization of research findings, disability prevention, increased private sector involvement in the economics of disability, possible employment disincentives, transportation difficulties, and the expansion of computer data bases.

Rehabilitation Services Administration

Allocation of Federal funds on a formula basis to states is one of the tasks of RSA. The rehabilitation program is designed to assist disabled persons to obtain employment. RSA has had sixty years of experience with basic federal programs for the handicapped. More than 200,000 persons were rehabilitated in fiscal year 1982, of whom over fifty-seven percent were classified as severely handicapped, an all time high. In the same fiscal year nearly a million people received some type of rehabilitation service of whom nearly sixty percent were in the severely disabled classification. These measures of service were slightly lower than in the previous year, because of funding changes and because of the increased emphasis on the severely disabled who require more instruction and rehabilitative services.

NIHR

The National Institute of Handicapped Research spends over eighty percent of its twenty-eight million dollar budget in long term care areas. These include comprehensive rehabilitation, medicine, vocational

rehabilitation, mental retardation, aging, blindness, mental illness, hearing impairment, independent living centers, functional electrical stimulation, sensory aids and communications technology.

Benefits are accruing to victims of brain injury while disabled children are being helped by projects which focus on early treatment and followup. Prevention is basic to both groups. Also, burn patients are having the long term consequences of their disability analyzed and studies of cardiac patients and their limitations have been found helpful. Engineering and technology studies and their related economic difficulties are included in the wide range of NIHR goals and activities.

Interagency Committee on Handicapped Research

Closely allied to NIHR is the Interagency Committee on Handicapped Research (ICHR). A primary activity is the ongoing development of a computerized repository for data on all Federally funded rehabilitation research. Criteria are being developed to identify research appropriate for inclusion. The Interagency Rehabilitation Research Information System (IRRIS) is expected to be operative by late 1983.

Special Education

More than 4.2 million handicapped children were benefitted in fiscal year (FY) 1983 by expenditures of $1.2 billion. The range of programs included the three formula grant programs; handicapped state

grants, pre-school incentive grants and state administered Title I programs. Important changes were an expansion of programs for secondary-level handicapped students, more secondary placement options for severely emotionally disturbed children and improved services for mildly impaired students.

Research activities included grants totalling $3,000,000 from early childhood education, learning disabilities programs, media services and captioned films for the deaf and recordings for the blind. Also funded were a variety of discretionary programs for the handicapped which are listed in Section II C.

Social Security

The problems of those disabled persons receiving Social Security was a matter of deep concern to the Council. After giving careful consideration to this group the Council approved a Resolution, to be found in Section IV F, which was presented by the Council's Committee on Social Security Issues. Recognizing the problems inherent in the disability provisions of the Social Security program, NIHR has aimed a major study at possible ways of preventing disabling conditions and early dependency.

In concluding this Executive Summary the Council reaffirms its intention to fulfill its legislative mandate to "review and evaluate on a continuing basis all policies, programs and activities concerning handicapped individuals, and persons with developmental disabilities, conducted or assisted by federal departments and agencies..."

I. Introduction

"The Council is important from the standpoint of being able to point out and/or respond to a variety of situations and issues that are under consideration, either by legislation or regulation. The opportunity to share the perceptions and reactions of handicapped Americans to such proposals should serve as a valuable sounding board for the community". (The Honorable Joe S. Dusenbury, Chairman National Council for the Handicapped, in his testimony before the Hearing on the Vocational Rehabilitation Act, February 24, 1983).

It is with this challenge from its Chairman in mind that the members of the National Council on the Handicapped seriously approached the tasks spelled out for them by their mandate and which are reflected in their activities during and between the two official meetings held in December 1982 and January/February 1983. Perusal of this Report will indicate the wide range of concerns expressed by representatives of the Administration, Congress and by the Members themselves.

In order to call attention to the variety of skills and experience offered by the Council, a list of members, with resumes, has been provided in Appendices A, B and C, detailing their demonstrated pre-existing interest in and contributions to the cause of disabled and handicapped people.

A. Establishment, Structure and Duties of the National Council on the Handicapped

The Establishment of the Council

The National Council on the Handicapped (NCH) was established by the 95th Congress through Title VI of the Rehabilitation Act of 1973 as amended in 1978. This legislation not only provided significant authority for the extension and improvement of rehabilitative services, but also established the National Institute of Handicapped Research (NIHR). The Council is composed of fifteen members appointed by the President with the advice and consent of the Senate.

The formation of the Council was supported by a broad bi-partisan constituency which believed that a formal mechanism was needed to coordinate research that would enhance, but not be subordinated to, services and to evaluate services provided. It is to be open to input from consumer groups, federal grantees, and private industry.

The Duties of the Council

From Section 401 of the Rehabilitation Act of 1973 as amended by Public Law 95-602 the Council's duties are mandated as follows:

- o establish general policies for, and review the operations of, the National Institute of Handicapped Research;
- o provide advice to the Commissioner with respect to the policies of and conduct of the Rehabilitation Services Administration;
- o advise the Commissioner, the appropriate Assistant Secretary of the Department of Education and the Director of the National Institute of Handicapped Research, on the development of the programs to be carried out under this Act;

- review and evaluate on a continuing basis all policies, programs, and activities concerning handicapped individuals and persons with developmental disabilities conducted or assisted by Federal Departments and agencies, including programs established or assisted under this Act or under the Developmental Disabilities Assistance and Bill of Rights Act, in order to assess the effectiveness of such policies, programs, and activities in meeting the needs of handicapped individuals;

- make recommendations to the Secretary, the Commissioner, and the Director of the National Institute of Handicapped Research respecting ways to improve research concerning handicapped individuals, and the methods of collecting and disseminating the findings of such research, and make recommendations for facilitating the implementation of programs based upon such findings; and

- submit not later than March 31 of each year (beginning in 1980) an Annual Report to the Secretary, the Congress, and the President, containing
  A. a statement of the current status of research concerning the handicapped in the United States,
  B. a review of the activities of the Rehabilitation Services Administration and the National Institute of Handicapped Research, and
  C. such recommendations respecting the items described in the clauses (A) and (B) as the National Council considers appropriate.

The Structure of the Council

The Council has established a program structure through which it expects to identify and express its goals and priorities. This structure consists of the three standing committees: an Executive Committee, Committee on Services, and Research Committee. Two ad hoc Committees, on Social Security Issues, and on Disability Prevention were also setup. There is also a ad hoc Committee on the preparation of the 1983 Annual Report. Other committees will be added as needed. The Committee assignments are listed in Appendices A and C according to the

Council structure as approved by the members. Members' biographies are in Appendix B.

B. Major Events of the Council

The current National Council on the Handicapped was appointed by President Reagan in March, 1982. The new Council members were confirmed by the Senate October 1st, 1982.

During the early months of 1982, informal agendas for the Council's meetings were formed and lines of communication were set up with the White House, Congress and the Department of Education so that the Council could carry out the duties mandated by statute. Also within the Department, communication was established with the National Institute of Handicapped Research, the Office of Special Education, the Rehabilitation Services Administration and the Interagency Committee on Handicapped Research. Specifically, the Council worked with NIHR in setting groundwork for public forums on handicapped research to begin in the Spring of 1983.

Swearing in Ceremony

A highlight of a January/February 1983 Meeting of the National Council on the Handicapped was the Swearing in Cememony which was conducted in the Indian Treaty Room of the Old Executive Office Building. A welcome to the Members was extended by the Honorable Virginia H. Knauer, Special Assistant to the President, who was

presented by Chairperson Dusenbury. Members were introduced by the Chairperson, sworn-in, and given commissions by the Honorable T. H. Bell, Secretary, U.S. Department of Education. Remarks were offered by Secretary Bell; Chairperson Joe Dusenbury; George Conn, Acting Assistant Secretary, Office of Special Education and Rehabilitation Services; Senator Pete Dominici; Senator Jennings Randolph; Surgeon General C. Everett Koop; and Nancy Harvey Steorts, Chairman of the Consumer Product Safety Commission.

Council Meetings

The Council held its first meeting on December 13th, 1983, at the Old Town Holiday Inn, Old Town Alexandria, Virginia.

This meeting agenda included informational workshops presented by Federal experts. The Council's own work included specific discussion of Social Security issues in committee, review of by-laws, establishment of committees, and personnel and staffing planning. The Committee on Services and the Research Committee held initial meetings to consider their assigned responsibilities.

The Council's second meeting was held January 31 thru February 2 at the Capitol Holiday Inn, Washington, D.C.

This meeting received reports from the Federal and private sector and in Committee heard a discussion of the special issue of functional illiteracy.

This meeting of the Council also included meetings of the Committees of the Council: Executive Committee, Committee on Services, Research Committee, and the newly formed Committees on the Annual Report, Disability Prevention, and Social Security Issues. Each Committee reported on areas of concern defined in December 1982, and made appropriate recommendations (detailed later in this report).

Informational Panels

At both meetings, Members of the Council received a great deal of information about programs, policies and ideas for future plans. (The name of presenters may be found in Appendix E).

Members were also informed about the varied public perceptions of the Council's role in carrying out its mandated responsibilities by several representatives of the White House, Administration and Congress. They learned of the expectations of Advisory Councils in the Department of Education and of the Administration at large from key staff of Office of Special Education and Rehabilitation Services (OSERS) and the Secretary's office.

The Assistant Attorney General for Civil Rights from the Department of Justice highlighted areas of concern about the civil rights of the disabled. He also discussed the enforcement of the 1980 Civil Rights for Institutionalized Persons Act, which is an issue of high priority, one where twenty-five separate investigations have already resulted.

A representative from the Office of Developmental Disabilities, as part of the Department of Health and Human Services, reported on its program with emphasis on severe chronic disabilities attributable to mental or physical impairment manifested before age twenty-two.

Council interest in projects with industry was underscored by a presentation from the Electronics Industries Foundation. The speaker recommended to the Council that government-industry cooperation be encouraged for the benefit of all disabled and handicapped persons.

Congressional interests and concerns were presented by a staff representative from the Senate Committee on Labor and Human Resources. He emphasized that Congress had an open record toward program development and that it is sympathetic toward the needs of the handicapped and disabled.

C. Progress and Accomplishments of the Council

Standing Committee Responsibilities

The Committee on Services agreed that its scope includes the following:

- Review and assessment of policies, programs, legislation, and priorities related to Federally supported services for the disabled and handicapped. The reviews and assessments should be on-going and systematic so that all Federal programs of services are periodically evaluated. Following such studies, the Committee will present to the Chair its reports and recommendations for further consideration by the Council.

- Recommendations of national priorities related to services for the disabled and handicapped to be presented to the Chair for further action. The priorities could include current program efforts by the Federal Government and/or innovations in services recommended by the Council.

- Maintenance of a current file on activities of the Federal Government in the area of services, utilizing current systems of information gathering and dissemination.

- Establishment and maintenance of a close liaison with the Research Committee and other committees of the Council so that efforts are coordinated within the Council.

- Handling other assignments concerning the area of services as determined by the Chair and the Council.

The Research Committee outlined its responsibilities as follows:

- Review and assessment of the program activities of the NIHR as well as other federally supported research programs which relate to the disabled and handicapped.

- Recommendation of national priorities for research.

- Developing an information system which will allow the Committee to make independent and objective assessments of federally supported research activities to avoid duplication between government agencies.

- Encouraging the application of research to practice to improve services for the disabled and handicapped.

- Handling other assignments in the area of research as determined by the Chair and the Council.

The Executive Committee will be responsible for:

- providing advice to the Chairperson concerning activities of the Executive Director and the staff.

- providing assistance to the Chairperson concerning general operations of the Council between official meetings.

- preparing action items for consideration by the full Council when it appears appropriate or prudent to do so.

- o preparing a proposed Council budget to be considered by the Council and the appropriate Federal authority.
- o carrying out any other specific duties requested by the Chairperson or the Council.

By-law Changes

At the December 1982 meeting certain by-law changes adopted by Council. (The complete revised text is to be found in Appendix D).

- o Change all references to the Chairman in By-laws to "Chairperson."
- o Article V, Section 2, of the By-laws was amended to read: "There may be a first and second Vice-Chairperson as designated by the Chairperson and approved by the majority of the Council." This amendment was passed unanimously.
- o Article I of the By-laws was amended to indicate that "The Secretary" referred to The Secretary of Education.
- o Article III, Section 2, was amended to read "Official terms of members shall expire on September 7 with one exception which will expire on September 23." This amendment was passed unanimously.

Council Review of Issues

The Council identified a number of issues as being particularly important and in need of special attention. Five of these issues became priority items and are listed in the Recommendations and Future Plans section of this report. In addition, the Council considered the issue of functional illiteracy. It approved attempts to increase functional literacy among out-of-school, out-of-work or substantially underemployed handicapped adolescents and adults. The issue was

reviewed and discussed by the Committee on Services during the February 1983 session, but time did not permit consideration by the full Council.

It is estimated that there are about 26 million functionally illiterate persons in the United States today. It is difficult to determine how many of the functionally illiterate are disabled. Studies have indicated that a high percentage of these functionally illiterate native English speaking adults have learning disabilities or mild/moderate retardation and require special approaches for teaching literacy. Several studies have been funded to determine the learning needs of the disabled adult. These studies all found a need for a usable screening and diagnostic instrument and a need to develop guidebooks for adult basic education teachers, to adapt curriculum materials and to offer workshops in learning disabilities. Also noted was that four percent of elementary and secondary school age children are learning disabled, and two percent are mentally retarded. In adult literacy programs some seventy percent may be learning disabled, and those who are seriously impaired may not have achieved functional literacy and may thus increase the number of persons in the functional illiteracy population.

The Committee on Services additionally recommended that one role of the Council should be to aid the Department of Education (ED) in recruiting volunteer tutors who can be trained to work with the special needs of the handicapped. The Committee on Services supports liaison between the public and private sectors to include the adult education community, departments of the Federal government, academia,

associations, business and industry, and special interest groups in the handicapped community.

National Policy Statement

The Council is developing a National Policy Statement on the disabled and handicapped. The Statement will be reviewed by the Council at a future meeting in preparation for public discussion.

II. Overview of Agency Activities

A. Activities of the National Institute of Handicapped Research

Nearly one in six Americans of working age has some limitation of function or disability. The mission of the Institute is to study the handicapping consequences of these disabilities and, through research and demonstration studies, to apply new knowledge and technology to prevent, stabilize, and ameliorate such disabilities and handicaps.

There are three major questions one may ask:

- How has NIHR used its 1982 appropriation?
- How is NIHR using the additional funds included in its 1983 budget, and
- In what ways are disabled persons benefiting from these efforts?

How has NIHR used its 1982 appropriation?

The fiscal year 1982 appropriation of $28,360,000 was utilized as follows: The largest proportion of the NIHR budget — 83 percent — was provided to centers conducting long-term studies, utilizing teams of medical, technical and allied professionals. Twenty-six research and training centers (RTC) were supported at a cost of $15.6 milion; $8.1 million was provided to 17 rehabilitation engineering centers (REC). The core areas of research include: comprehensive rehabilitation, medicine, vocational rehabilitation, mental retardation, aging, blindness, mental illness, deafness and hearing impairment, independent

living, functional electrical stimulation, sensory and communicative systems, and technology. The remaining funds were used to support 13 discrete research projects, totalling $1.9 million; 8 knowledge dissemination and utilization projects for $2.0 million; $.07 million for international domestic support; and $.1 million for miscellaneous support activities related to research planning and administration. Lapsed funds totalled $.5 million. See accompanying Tables I and II.

How are the additional funds included in the 1983 budget being allocated?

- Because of the intense competition for funding in fiscal year 1983 a number of qualified applicants ended up in an "approved but not funded" category. Over $3 million will be used in fiscal year 1983 to fund the most meritorious of these applications.
- Also reserved is $300,000 to begin an authorized program for rehabilitation research fellowships for young and mid-career professionals. These fellowships will support new research initiatives and stimulate the development of talented investigators in rehabilitation research areas.

In what ways are disabled persons benefitting from these efforts?

Benefits from comprehensive medical rehabilitation programs include:

- Brain injuries resulting from traumatic accidents or stroke often result in serious and perplexing physical, intellectual, and emotional defects. Four major research center programs will coordinate studies on ways in which these refractory problems can be resolved. An important byproduct is a primary prevention campaign to reduce the number of such injuries.
- Disabled children are benefiting from a major pediatric research and training center on early treatment and followup which aims to anticipate and prevent possible disabling conditions.

- Burn patients will benefit from studies examining the long-term consequences of severe burns and attempts to limit these through advanced methods of care.

- Recent advances in the treatment of heart disease have raised new questions about remaining limitations of function and the effectiveness of rehabilitative measures. A major study of cardiac rehabilitation will provide clinically valuable information.

Engineering and technology studies have shown:

- Exciting progress in the application of computer technology to neuromuscular and sensory impairments includes: communication aids, robotic aids, and wheelchair control systems for the severely disabled. Computer controlled functional electrical stimulation is being used to aid movement, correct spinal curvature, ameliorate pain, and to help control bladder function.

Several problems with the application of rehabilitation engineering to the needs of disabled individuals need to be resolved. These include limited economic incentives to manufacturers and the lack of rigorous testing of prototype models.

- Disabled persons who most need specialized adaptive equipment are often the least able to pay for it. Insurance and other third party sources usually exclude such unique devices from coverage.

- A major "stimulation of industry" study seeks to remove barriers to testing and commercial production of many new devices, but the troublesome economic problem is likely to persist.

In the area of resolving personal, economic and employment problems:

- A most important problem in the United States relates to the disability provisions of the Social Security program a concern addressed by the Council in Section IV, F of this report. A

major study is aimed at early intervention to prevent unnecessary economic dependency. The Social Security Administration will also be supporting additional studies which we expect will be coordinated through the Interagency Committee on Handicapped Research.

- Continuing study of the community living and vocational needs of retarded persons has improved the prospects for many retarded citizens.

On the subject of special populations:

- Native Americans have had limited access to rehabilitation services. A special center will study ways of overcoming the barriers to physical restoration and other rehabilitative services for this group.

- Another special population is the elderly disabled. Two groups are of interest. One is disabled persons who, as they age, experience increasing difficulty in maintaining their independence. The other includes the elderly who may be limited in physical capacity and who may need rehabilitation guidance and aids to prevent premature and unnecessary dependence.

- Finally, a major study of the handicapping consequences of multiple sclerosis and similar neuropathies will improve rehabilitation services for this group and help answer questions about the value of various rehabilitative methods.

To apply new knowledge:

- NIHR has developed a National Rehabilitation Information Center (NARIC), at Catholic University, Washington, D.C. which provides access to the results of some 7,500 completed research studies as well as information about some 5,000 technologic aids and devices. Last year the center received more than 12,000 requests for information.

- A network of private self-help groups and other community organizations of the disabled has been identified through which the informational resources of the Institute and the Clearinghouse on the Handicapped, in the Department of Education, can be communicated.

Considerations for future funding:

- NIHR needs to devise a mechanism whereby it can respond to research opportunities initiated "in the field" by rehabilitation investigators, rather than consider only proposals directed to the published list of priorities.

Funding Priorities for NIHR for FY 1983

Proposed priorities were published in the Federal Register May 19, 1982 to take effect forty-five days after publication. It was announced that forty-seven priorities would be evaluated on the basis of: (1) public comment, (2) availability of funds, (3) any other relevant Departmental considerations.

Thirty-five priorities are being announced for funding under the categories of:

Research and Training (N=13)

Title

Improved rehabilitation modalities for musculoskeletal impairments, arthritis and low back syndromes.

Rehabilitation of the cardiac patient

Improving rehabilitation potential in brain trauma and stroke victims

Comprehensive Rehabilitation Management of Neuromuscular Diseases, including MS and related neuropathies

Improving Methods and Techniques for Rehabilitation Management of Spinal Cord Dysfunction

Improving Management of Vocational Rehabilitation Services

Enhancing Employability of Handicapped Individuals

Improving Sheltered, Transitional and Protected Employment and Alternative Employment Solutions

Improving Vocational Rehabilitation at the Worksite

Enhancing Psychosocial and Linguistic Development for Deaf Individuals

Improving employability for Mentally Retarded Individuals

Improving the psychosocial environment and eliminating social and attitudinal barriers

Improving community integration for mentally retarded individuals

Rehabilitation Engineering Centers (N=10)

Improved wheelchair systems and specialized seating

Improved techniques of functional electrical stimuation

Improved methods of quantification of function/performance

Improving personal licensed vehicles and transportation

Stimulation of industry and evaluation of technology

Improving rehabilitation of low back pain

Improving prostheses, orthoses and total joint replacement

Modifying the worksite to enhance employability

New generation hearing aids

Development of nonvocal communication assistance

Funding Priorities for Research and Demonstration Projects (N=10)

Enhanced understanding of the economics of disability

Improved rehabilitation care and treatment for individuals with severe burns

Improving functional assessment for employment

Improving Vocational l rehabilitation in post-secondary education programs for deaf individuals

Improving vocational rehabilitation of learning disabled adults

Improving services to minority populations

Improving vocational rehabilitation opportunities for railroad employment

Aids to improve mobility for persons with low vision

Improving usefulness of functional electrical stimulation

Funding Priorities for Knowledge Dissemination and Utilization Projects (N=2)

Improving service delivery in rural areas

Improving utilization of research result

Table I. Distribution of actual FY 1982 and estimated 1983 obligations for NIHR by program area.

	1982 Actual		1983 Estimate
	Dollars	Percent	
Research and Training Centers	$15,643,000	55.0	$15,340,000
Rehabilitation Engineering Centers	8,154,000	29.0	7,900,000
Research and Demonstration Projects	1,943,000	7.0	3,800,000
Research Utilization	2,056,000	7.0	2,500,000
International Support	77,000	0.3	100,000
Miscellaneous Support	113,000	0.4	420,000
Lapsed Funds	574,000	2.0	-
	$28,360,000		$30,060,000

Table II. NIHR Research Centers by Type and Expenditure.

Centers	No.	Amount
Comprehensive Rehabilitation and Medical	11	$ 8,946,504
Vocational Rehabilitation	4	2,580,342
Mental Retardation	3	1,862,291
Aging	2	510,301
Blindness	2	657,924
Mental Illness	2	490,467
Deafness	3	926,793
Independent Living	1	295,000
Functional Electrical Stimulation	2	912,000
Sensory and Communicative Systems	4	1,460,335
Technology	9	5,155,078
Total	43	$23,797,035

B. Activities of the Rehabilitation Services Administration

The Rehabilitation Act of 1973 as amended, authorizes the allocation of Federal funds on a formula basis to states through local Vocational Rehabilitation (VR) Agencies for the provision of services designed to assist disabled individuals to qualify for, and successfully engage in, gainful occupations. During the six decades this program has been in effect, there has been significant progress in developing a service delivery system to these individuals.

In fiscal year 1982, 226,924 disabled persons were rehabilitated in the State-Federal program. The severely disabled accounted for 57.2 percent (129,866) of this group, an all time high. In 1982 a total of 959,056 persons received rehabilitation services of whom 59.6 percent were severely disabled. The number of new active cases reported was 333,954 of which 60.1 percent were severely handicapped.

Traditional measures of service and/or success for Vocational Rehabilitation need to be carefully reexamined in view of the increasing proportion of severely disabled persons served in recent years. Regardless of cost and budget levels such persons are apt to be more difficult and time consuming to rehabilitate than those with less severe impairments. As the proportion of such individuals continues to rise, as seems likely, the number of severely disabled rehabilitants may actually decline, independent of budget levels, reflecting the complexity of services to severely handicapped citizens.

About three-fourths of all those rehabilitated enter the competitive labor market, and this figure is about 65 percent for the

severely disabled. In fiscal year 1981, the mean weekly earning, at the time the cases of severely disabled rehabilitants were closed, was $148, while for the non-severely disabled the figure was $168. These data tend to understate actual hourly wages, since many rehabilitants work on a part-time basis. Wages do not convey the whole story, however, for in the past two years an increasing number of severely disabled persons reported as unpaid have in actuality been restored as homemakers, an important role, but unpaid nevertheless. Many were also on public welfare.

The Congressional intent to improve services to the severely disabled has resulted in a greater effort to insure that this group receives priority in State Agency budget allocations and service delivery. It remains difficult for such clients to be placed in paying, stable jobs, offering at least the minimum wage. Therefore, there should be greater incentives for Counselors to place clients in such positions.

Various financial and regulatory "disincentives" to rehabilitation only compound the difficulties of vocational rehabilitation. The literature abounds with examples where severely disabled citizens simply cannot afford to risk known pensions and other benefits for a chance at competitive employment.

If individuals genuinely benefit, in measurable functional terms, from rehabilitation services, then statistical and reporting systems should be reflective of such improvements, especially for severely disabled persons.

The Department has made considerable use of its discretionary activities under the Rehabilitation Act to promote Rehabilitation

Service Projects. These have included projects with industry, special projects with the severely disabled, migratory workers, service grants to Native Americans, and the Helen Keller National Center for the Deaf-Blind and Client Assistance Projects. In fiscal year 1983, support will be provided for 168 projects serving 21,800 clients.

Another area of activity has been the Independent Living Projects which fund the establishment and operation of Centers to provide services to assist severely disabled persons to live more effectively in community settings, or where suitable, to obtain employment. In fiscal year 1982, 135 Center programs were supported, serving 18,000 severely disabled persons.

Rehabilitation Training grants are provided to projects offering special skills to qualified personnel in shortage areas as job-placement, vocational evaluations, rehabilitation medicine, prosthetics and orthotics and physical therapy. In this fiscal year, approximately 329 projects will be funded which will provide training to some 11,900 persons, including 1,850 who are in the long-term training program.

There is considerable interest in the Rehabilitation Services Administration's "Projects with Industry," a program intended to be an effective bridge between the worlds of rehabilitation and of work. It provides training in realistic work settings to prepare clients for entering into the competitive labor market. Initial emphasis has been placed on linkages between rehabilitation facilities and foundations, with industries. In fiscal year 1982, 10,000 persons were served in 65 projects, and about 7,500 disabled individuals obtained competitive

employment through this program. This program, designated as a 1983 priority of NCH, needs to include State Agencies of Vocational Rehabilitation for maximum effectiveness. Legal clarification as to State Agency participation in this discretionary funding should be obtained as soon as possible.

C. Activities of the Special Education Program

One of the major components of the Office of Special Education and Rehabilitation Services (OSERS) is the Special Education Program (SEP). One authorization for its activities is found in the Education for All Handicapped Children Act of 1975 (Public Law 94-142). (There is other Federal legislation that has contributed to the educational opportunities available to the handicapped children and youth of the Nation.)

In the last twenty-five years Congressional appropriations have risen from about $1 million for personnel training in 1958 to more than $1.2 billion for a range of programs in FY 1982. It has taken decades for the monetary appropriations to rise, but the passage of Public Law 94-142 which went into effect in 1976 has resulted in marked state and local gains in case funding, as well as in program development.

In that year a total of more than $1,052,125,000 in Federal funds benefited more than 4.2 million handicapped children through the three formula grant programs, handicapped state grants, preschool incentive grants and Title I - State Administered programs. Important changes were an expansion of programs for secondary-level handicapped students,

expansion of secondary placement options for severely emotionally disturbed children and improved services for mildly impaired students.

There are ten discretionary programs costing $125,731,000 which support states' efforts to ensure public education for the handicapped mandated under Public Law 94-142. These programs concentrate on preparation of personnel, early childhood education, education for the severely handicapped, research in special education, and media and technology. These all complement SEP's efforts to meet the requirements of Public Law 94-142. For FY 1982, $43,500,000 was awarded for pre-service training of 5,500 special education teachers, and for 1,200 personnel in inservice training of nearly 60,000 special education and regular classroom teachers.

Among other discretionary programs were the Early Childhood Education Program which works with the very young handicapped, the Regional Post-Secondary Program which assists the handicapped to benefit from technical post-secondary or adult education, and programs that may be developed for the severely handicapped and the deaf-blind child.

Research activities were funded by SEP in the field where 60 percent was supported with $5,000,000 in grants, $250,000 was allocated to student research projects, and some $3,000,000 to long-term research projects in early childhood education and learning disabilities.

Media services and captioned films for the deaf received attention from SEP, with $17,000,000 going to the support of the development, adaption and dissemination of innovative ideas in a number of areas.

These have included closed caption television for the hearing impaired, recordings for the blind and the development of videodiscs and microcomputers, to instructional program models.

Considerable effort went into the review of Public Law 94-142 regulations in regard to President Reagan's Executive Order which required the Federal government to reduce the burden of current and future regulations. Public comment on proposed revisions was sought and received in FY 1982, eliciting over 20,000 comments. Some proposed changes were withdrawn. Revised regulations are due in the Spring of 1983.

D. Interagency Committee on Handicapped Research

An important aspect of carrying out NIHR's mission is the Interagency Committee on Handicapped Research (ICHR), chaired by the Director of NIHR. The statutory members of this committee are: the Secretary of Education, the Commissioner of the Rehabilitative Services Administration, the Administrator of Veterans Affairs, the Director of the National Institutes of Health, the Administrator of the National Aeronautics and Space Administration, the Secretary of Transportation, and the Director of the National Science Foundation. The role of the ICHR is to identify, assess, seek to coordinate and to promote closer working relationships among Federal departments and agencies conducting research on problems pertaining to handicapped persons in order to avoid duplication of efforts, and to focus on the most critical areas of need.

ICHR spent much time in 1982 on the process of implementing a conceptual framework for an Interagency Rehabilitation Research Information System (IRRIS) which will serve as a repository for information on all ongoing Federally funded rehabilitation research projects was developed and is being implemented in cooperation with the Clearinghouse on the Handicapped.

IRRIS will, when operative and available, hopefully late in 1983, enable the ICHR to begin fulfilling its legislative obligation for identifying, analyzing and assessing ongoing rehabilitative research. Thus, IRRIS will promote collaborative research and the joint funding of research activities. It will not only identify gaps, overlaps and opportunities for coordination among all Federal agencies, but will make research activities available and readily accessible to government agencies and to the research community at large. (See Appendix F.)

A statement of criteria to facilitate the identification of research appropriate for inclusion in IRRIS has been developed. (See Appendix G.) This was done after securing a consensus of public and private experts in the field of rehabilitation research.

Although, ICHR work has been hindered by the absence of a confirmed NIHR Director, some work has been continued by several subcommittees. These are Disablement Data; Deafness and Hearing Impairment; Low Vision/Partial Sightedness; Medical Rehabilitation and Technology for Handicapped Persons.

The members of the subcommittee on Disablement Data have been exchanging information on current and proposed grants and contracts on disablement data studies. They have considered legislative and regulatory changes affecting the gathering and use of disablement data, and identifying gaps in research. A future aim of the Subcommittee on Disablement Data is to identify areas for joint funding in disablement data collection and analysis. It will also assist in the development of NIHR's Long Range Plan in the area of disablement data.

The subcommittee on Deafness and Hearing Impairment, established last year, began to exchange information on funded research in that field, and to assist NIHR in areas such as priority review, as well as identifying and involving other experts from their respective agencies as participants or presenters of topical issues.

The subcommittee on Low Vision/Partial Sightedness continued its interest in a computer search for low vision research projects which had been begun earlier, and carried on by the National Eye Institute. In 1982 this agency reported the location of fifty low vision research projects that had received some $8,000,000 in grants. Nine Federal agencies were included in this group. The subcommittee also helped the National Eye Institute develop the low vision portion of its Five Year Plan. NIHR called upon subcommittee members to review its Fiscal Year 1983 Proposed and Final Research Priorities and to serve as peer reviewers in the area of low vision research.

The subcommittee on Medical Rehabilitation was engaged during the year in a review of medical and physical restoration research of

priority areas for the NIHR Plan. It also developed programmatic research direction in arthritis and musculo-skeletal disabilities, and served as a steering committee for consideration of NIHR medical issues in the development of the long range plan.

III: Status of Research on Handicapped People in the United States

It has been said that "the eighties" will be the age of computers which will make possible more and more scientific and technological marvels. There is no group of Americans more involved and concerned about productivity than the disabled and handicapped. It will mean for them not only new and improved technological assistance in making a living, but it could generally make life more livable. Information about the brain and the functioning of the central nervous system is making inroads into what some medical specialists have called "the last frontier". New methods of identifying and disseminating knowledge will be vital.

Concerns of Congress

In March 1980 the Senate Subcommittee on Labor and Human Resources requested the Office of Technology Assessment (OTA) to conduct a study on Technology and Handicapped People.* That study became available in May 1982 and is a "state of the art" production. It examines specific factors affecting the research and development, evaluation, diffusion and marketing, delivery, use and financing of technologies directly related to disabled people. The effect that technology has on the lives of people, both as it creates problems through accidents, adverse drug reactions and automobile injuries, and aids in the solution of these

*Technology and Handicapped People. Office of Technology Assessment H-179, May 1982. Government Printing Office stock #052-003-00874-2.

problems, and those classified as developmental disabilities, was recognized.

The OTA study attempts to clarify what is meant by "handicap," offering a specific approach to the definition of "impairment", "disability" and "handicapped", and underlining the fact that clearly understood definitions are basic to evaluative studies of every kind. It also offers a conceptual approach to policy examination of technologies and their use — a framework of "appropriate application of technology." Thus the need to work out compromises between "needs, desires and capabilities of users and other relevant parties" and the "costs, risks, and benefits of technologies."

After appraising the current situation in research and development activities in both the public and the private sectors OTA concludes that "the public-private sector partnership is inadequately designed to support fully evaluation efforts, and that a coherent adequately funded and focused program of evaluation is needed at all levels of diffusion and adoption of technology for liabilities."

The study's examination of the present system of disability related research, its development and evaluation, and its diffusion and use, suggests that strengthened coordinated information dissemination is an urgent need, at all levels.

The OTA study was evaluated by several discussants at a joint hearing of the Senate Committee on Labor and Human Resources with the House Subcommittee on Science and Technology held September 29, 1982. The record of this hearing has been recently published.

Another aspect of Congressional interest in the disabled and handicapped emerged on February 24, 1983, when the Senate Subcommittee on the Handicapped of the Senate Committee on Labor and Human Resources held reauthorization hearings on the Rehabilitation Act of 1973 as amended. Administration input came from representatives of the Office of Special Education and Rehabilitative Services of the Department of Education, the National Institute on Handicapped Research, and the National Council on the Handicapped. Strong support for the continuation and full funding of the Act came from the Council of State Administrators of Vocational Rehabilitation (CSAVR), the National Rehabilitation Association, and other organizations involved in the field of rehabilitation. Individuals now holding responsible jobs pointed out that they owed their present successful adjustment to skilled and individualized rehabilitation services.*

Third Annual Review of Rehabilitation

A valuable resource in the rehabilitation area is the forthcoming publication of the third Annual Review of Rehabilitation, now in press. The framework within which the editors have been operating is their recognition of a need to synthesize the available knowledge which has been cumulating over time, about what is ongoing in the theory, practice and the technology of rehabilitation. It is edited by Drs. Elizabeth Pan, Thomas E. Backer and Carolyn Vash. Reviews of the "state of the art" in a pre-selected variety of subjects are contributed by experts in each field.

*Congressional respect for the able-disabled group in society was underlined by a recent recognition from that body of four Senators and six Congressmen with disabilities of one sort or another.

The tentative table of contents for Volume 3 of the Annual Review includes discussions on the current situation in rehabilitation psychology, the economics of rehabilitation, international developments in rehabilitation, research methods, alcoholism, in-service training, disability, parenting and pain control.

NIHR Review

The Research Committee of the Council considered a number of areas relating to programs for the handicapped where further research was urgently needed. Stress was placed on the need for creative solutions which transcended the limits of traditional programs and for a definition of "disability". Great interest was expressed in NIHR's current thirty-five priorities, and in contributing to the development of new priorities for competitions in 1983.

NCH Research Committee

Addition concerns underlined by the Research Committee included an expansion of primary and secondary disability prevention programs, involving habilitation as well as rehabilitation. Increased private sector involvement was supported, with an expansion of programs involving industry. Interest was also expressed in a possible increase in computer related projects with the disabled. The need for research in the economics of acute and chronic disability, Medicare and Medicaid costs, and tax and employment incentives and disincentives was noted.

This should include study of adaptive devices for unique disabilitites which by their very nature are more difficult and costly to provide. A national catastrophic health insurance program, and research on recreation for the handicapped to include camping and sporting activities was explored. Expanded programs of research into spinal cord injury, acute and comprehensive care programs, and a spinal cord injury "hot line" were also discussed.

Research into the problems of the handicapped using public/private transportation was urged to include such measures as safety in vehicles, (wheel chair locks for example), the adaption of public vehicles (seat belts in school buses) as well as on front wheel drive vans to lower their centers of gravity.

IV. Recommendations and Future Plans of the Council

The Council recommends the following issue statements for public consideration. They are all of immediate interest and concern to its members and represent policy considerations for implementation.

A. Review and evaluate the effectiveness of special and vocational education programs and state vocational rehabilitation programs with emphasis on coordination of these initiatives to assure a continuum of service to disabled adolescents as they move from the purview of special education to vocational rehabilitation.

It should be emphasized that the movement of disabled adolescents from "the purview of special education programs to vocational rehabilitation" will encompass "vocation" in its broadest sense, including entry by those qualified to do so, into professional and business fields such as liberal arts, science, medicine, law, accounting, computers and the like. In other words, disabled youngsters need not be vocationally restricted in their outlook, but instead will have the opportunity to have vocational guidance from rehabilitation professionals.

Educational, vocational and social isolation of disabled adults is a major problem in integrating them into the mainstream of society. This theme of integration has been the major thrust of such recent legislation as Public Law 94-142.

The intent of Public Law 94-142, the Education of All Handicapped Children's Act, is to provide for all such students a free and appropriate education in the "least restrictive environment." The implementation of Public Law 94-142 has had tremendous implications for

both education and the eventual transition to work. An important part of the law is the Individualized Educational Plan (IEP). The IEP must contain information on current educational performance, educational goals, special education and related services that the student will receive and the extent to which the student will be able to participate in regular educational programs. The IEP ideally insures that opportunities are opened for disabled youth to enter a variety of educational settings and to participate in appropriate career development activities.

The skills and competencies that are absolutely necessary for handicapped individuals to compete for a position in the community and the work place must be identified early and reinforced through their educational life. These skills and competencies must then be integrated into a complete program to allow the handicapped individual to become an integral part of society. Special education programs, therefore, need to provide opportunities for handicapped students to explore career options and develop skills relevant to labor market demands. For those handicapped students who can benefit, vocational education options must be afforded in a least restrictive environment and in a setting that responds to their special needs.

Upon completion of secondary education, the path for further career preparation must be made smooth and must show continuity between the experiences gained in special education and the services to be provided by vocational rehabilitation. Continuity also must be maintained through coordination of the IEP developed at school and the

Individualized Written Rehabilitation Plan (IWRP) developed for provision of vocational rehabilitation services even though the IWRP is typically developed at a later age and under different circumstances. Cooperation between Special Education and Rehabilitation is important in order:

to have the benefit of career oriented educational input;

to access appropriate vocational or professional training programs; and

to follow an educational pattern that provides sequential stages of career development.

Any lack of continuity could permit too many instances where disabled students, who could have been prepared for an appropriate career while in primary and secondary school, must enter the vocational rehabilitation system for the first time to begin the long process of evaluation, career exploration, and often training. With better coordination between special and vocational education and vocational rehabilitation programs, career development may begin early in the educational process and continue in a logical developmental pattern, thus enabling smooth transition from school to work or profession.

Initiatives that can be developed to establish better coordination between special and vocational education and vocational rehabilitation are as follows:

1. Study of inter-agency linkages between special education/ vocational education, vocational rehabilitation and post-secondary education. These studies can identify specific problem areas and exemplary policies and practices.

2. Establish and evaluate career development models. These models should include definition of the roles to be played by special educators, vocational educators, rehabilitation practitioners, etc.

3. Develop planning strategies to coordinate IEP's and IWRP's. These plans which could take the form of an Individualized Career Development Plan (ICDP) would have input from educators and rehabilitation practitioners as well as from disabled persons and their families. We may also explore the desirability of including input from the local professional and business community, where appropriate.

4. Coordination of career development programs with the employment community and manpower training programs. This coordination may provide disabled individuals with access to a broader variety of career education programs.

B. Develop a program of action to increase the effectiveness of state vocational rehabilitation programs through improved interface with the private sector.

Some years ago, our Congress recognized the overriding importance of self-sustaining employment for those with physical disability. The present Vocational Rehabilitation Program in the states under RSA is funded at a level just under one billion dollars, which represents nearly fifty percent of the total budget allocated to the Office of Special Education and Rehabilitation Services. The significance of this commitment is evident to NCH and accordingly the Council places high priority on the most effective use of these funds to assure successful outcomes.

For the general population the age group 18 to 65 seeks self-sustaining employment as the ultimate goal. Nowhere is this goal more important than within the disabled community.

The potential contribution to this effort represented by our private sector corporations and small businesses, though enormous, requires an overall strategy and plan if it is to be contributive. The Council recommends that RSA strengthen its "Projects with Industry"

program by the inclusion of State Vocational Rehabilitation Agencies and urges that the following initiatives be incorporated into that plan:

1. Establishment of a National Commission on Private Sector Initiatives (NCPSI), with a chairperson to be appointed by the President. The chairperson should be a prominent, nationally known corporate executive. The purpose of the Commission would be to provide a national network of top business executives committed to the involvement of their management staff in working with the State Directors of Vocational Rehabilitation and their staffs. Fraternal organizations, i.e., Rotary, Lions, etc., would be involved as well to facilitate door-opening opportunities for on-the-job training situations and actual job placements. This initiative recognizes the limited access presently existing for VR counselors and placement staff to corporate employment personnal. In addition, corporate executives would act as linkages to the Department of Labor, Private Industry Councils (PIC's), which were established by the Jobs Training Act of 1982, and to State VR Directors in utilizing Section 110 monies for job development training and placement with small businesses. Another linkage could well include the Senatorial Business Advisory Board.

2. Working through the White House, encourage a national corporation to provide on loan a corporate executive to serve for one full year on the RSA staff as Director-Projects with Industry (PWI).

3. Encourage RSA's efforts to obtain additional funds for PWI to encourage replication of the Electronic Industries Foundation (EIF) program by other similar industry groups and to request industry and/or corporate-specific proposals, which will utilize EDP word processing job opportunities for the home-based disabled.

4. Increase the support for continuation of the network of Independent Living Centers for which act as information and referral sources and provide employment to the disabled on a broad basis. They also provide a means for developing initiatives aimed at decreasing or eliminating barriers which exist to the disabled in the area of accessible housing, outside employment and transportation.

C. Establish Model National Centers on Employment of the Disabled. In addition, develop a program to identify and respond to manpower requirements of the future — especially those utilizing computers, robotics and other high technology.

The primary goal of vocational rehabilitation is to help the disabled person be as productive as possible. While opportunities to participate in all aspects of life shoud be pursued, the world of work offers the major means for life fulfillment. Through work, the disabled person is transformed from one to whom society, through taxes, must provide to one who provides for him/her self and contributes to the needs of the state through taxes.

For these reasons, it is clear that a major aspect of the rehabilitation process is placement into employment and a major task for rehabilitation professionals is to understand how to gain access to educational, and industry/labor systems in order to create greater opportunities for the employment of handicapped people.

As the private sector becomes more involved with the rehabilitation process, an increasing need will develop for a clearinghouse of information to exchange knowledge concerning recruitment and employment practices of relevance to industry and labor. Of value also would be the availability of computerized data to help increase the capacity of companies and unions to better integrate disabled persons into the world of work.

For this reason, the U.S. Congress has, through Public Law 95-602, amended the Rehabilitation Act of 1973, which now, in Section 204(b)(12), authorizes the establishment of model training centers "to develop and use more advanced and effective methods of evaluating the employment potential of handicapped individuals."

The objectives for this program are:

Objective A: To assess career education and vocational evaluation programs presently being utilized and develop model procedures for testing and evaluating employment potential of disabled persons related to emerging labor market demands particularly with respect to high technology.

Rationale: New jobs are rising in the service and high tech industries requiring skills that many workers, both employed and unemployed, do not possess. In this country, we are in for a decade of sweeping demographic, economic and geographic realignment and unless we prepare the disabled, many individuals will be totally unprepared to face job demands of the future.

Objective B: To evaluate educational and rehabilitation based employment training programs and develop model programs to more effectively teach severely disabled individuals skills related to emerging labor market demands created by computers, robotics, and other new technological developments.

Rationale: While attitudinal barriers may frequently have operated to exclude disabled persons from job opportunities, recent experience with employers who are committed to affirmative action hiring policies shows that job placement orders often are unfilled because clients are insufficiently prepared for the technological explosion that is underway and will continue.

Objective C: To evaluate current placement and follow-along career development programs in rehabilitation, education and industry and develop new approaches and techniques for the placement, follow-along and follow-up of severely disabled individuals, and affirmative action policies in employment.

Rationale: It is essential that special education, vocational education and vocational rehabilitation programs be tailored to the growth industries of the future and to occupations that barely exist today. This technology also will be helpful in providing more efficient methods for management of placement and other rehabilitation service functions such as: computerized job matching and case management systems.

Objective D: To evaluate professional training programs aimed at developing and increasing skills of those involved with placement and follow-up services for the severely disabled and develop innovative and effective training and continuing education in these areas.

Rationale: The increasing emphasis on the placement function requires new skills to be mastered by rehabilitation professionals. Existing professional training programs by and large do not incorporate these skills as major curriculum elements. To be effective, programs need to be developed to help rehabilitation professionals to upgrade their abilities. New technology such as advanced telecommunication systems, computer instruction, videodiscs, etc. can be utilized for more effective professional training.

Objective E: To assess, develop and test information dissemination strategies regarding education, training, employment and job placement for severely disabled individuals.

Rationale: Strategies need to be developed to gather and exchange information coming from and going to the various sectors involved in the enhancement of employment opportunities for the disabled. For the centers to be of maximum value to their multiple audiences, strategies for accessing and feeding into existing information systems need to be developed including the exploration of a variety of technologies to ease the exchange of information in the area of employment of the disabled.

Many factors are involved in the placement of the disabled worker, such as medical practices, insurance and compensation liability, retirement and recreation, job counseling and eventually retirement counseling.

The entire spectrum of job modification and training programs for severely disabled workers must be considered. There needs to be a central clearinghouse for this information.

D. Promote programs of disability prevention by better health education and by illness and accident prevention.

In addition to the need for the provision of full services for disabled and handicapped individuals, there is an urgent need to increase efforts for the prevention of disability. The resources and technology are available for the United States to mount a national program to promote better health education and to prevent accident and

illness. In order for such an effort to realize success, the cooperation and coordination of services and activities of many individuals and agencies in the public and private sectors are necessary. Medicine, dentistry, nursing, education, special education, rehabilitation, psychology, and other professions must work in concert with the private sector and with the governments at the local, state and Federal levels. Therefore, prevention becomes the responsibility of those who are concerned with the education, health and welfare of all Americans who are currently disabled and those who are at risk for disability now and/or in the future.

With the dramatic rise in health and health-related services, concern for cost-containment has also risen. The prevention of disability by the application of existing resources and technology becomes an essential component to a national effort on behalf of disabled and handicapped individuals.

The broadly expanded field of prevention has been defined according to three levels of activity: 1) Primary prevention is the inhibition or elimination of disease, injury and disability before it affects the susceptible individual; 2) Secondary prevention refers to early detection and prompt treatment of disease and disability, and; 3) tertiary prevention is the reduction of disability by attempting to restore effective functioning.

Five major categories of disability are identified: mental retardation, mental illness, physical disability, communicative disorders, and social problems. The broad array of possible causes of

disability has been carefully reviewed and it has been found that many of them are preventable.

The significant strategies for prevention include full immunization, genetic counseling, good prenatal care, systematic mass screening and early identification, family planning, proper medical care, public education about health and about illness and accident prevention, education in preparation for stress and crises in life, environmental quality control, and social and educational programs to improve the quality of life. A number of these strategies will require the assistance of educators, special educators, rehabilitation counselors and other personnel dedicated to the provision of services for the disabled and handicapped individual.

The best approach to institute effective programs for health education and for illness and accident prevention is to begin at the community level. With the leadership of community personnel and with the assistance of state and federal government agencies, community-based programs should be established which improve health education programs in the schools and institutions of higher education and which engage in public awareness and public education programs to reduce illness and accidents. Each community should establish its program in a systematic manner which identifies objectives, strategies and a timetable for reducing the incidence and prevalence of disability by the application of preventive measures.

E. Assess means to review and evaluate the effectiveness of all federal policies, programs, and activities concerning disabled and handicapped individuals.

This priority, stated in the mandate, was also the second priority for FY 1981.

A first task for the Council in implementing this priority is to locate "....all federal policies, programs and activities concerning handicapped individuals." A start was be made in this direction by inspection of Publication No. E-80-2201 from the U.S. Department of Education (ED) entitled "Federal Assistance for Programs Serving the Handicapped." This 1980 Publication lists some 57 departments and agencies. The ED Clearinghouse was queried. This office publishes periodically a bulletin "Programs for the Handicapped" (Programs) which updates information in the Federal Assistance publication. The Interagency Committee on Handicapped Research has been described in Section II D. This committee was set up to coordinate information as to research activities in the Federal Government, and currently embraces 32 departments and agencies. These are listed in Appendix H. NIHR, in the past, also published a volume entitled Research Directory of ongoing research in the various Rehabilitation Research and Training Centers under its purview.

A very real difficulty in identifying candidate agencies for review and assessment is that so much of the Federal contribution to research and services for the disabled has long been made directly to the states. This feature has become particularly pronounced in the current Administration with its concept of block grants. Under these programs

the states make their own determinations on how to spend the money within certain guidelines. Much of the federal effort, such as Public Law 94-142, The Education of All Handicapped Children Act for example, was developed in response to the failure of the states to adequately provide for their disabled citizens. For such reasons it will be a difficult task for the Council to evaluate the effectiveness of the programs at the State and local levels.

Once the Federal programs, policies and activities have been identified, the next phase is to find out what they are doing. Have they been federally funded, and if so what activities are being carried on with the funds? If not funded, what programs are planned? If they have been funded, how have the funds been allocated? Who is spending the money? Where and for what?

Once the programs have been located, the question of effectiveness arises. It will be the responsibility of the Research Committee of the Council to judge whether the research dollars are wisely spent, without duplication elsewhere. Does the research result in the development of servicable technology and programs? If the technology is feasible and useful, approach must be made to the private sector to convert the results of research into products useful to the community of disabled persons.

Essentially what has been outlined leads to demands for data, e.g. statistics and other information from several widely disparate kinds of disabilities. What we see is the need for a substantial database which can be manipulated in numerous ways to develop inductive statistics from descriptive statistics. How can this be done?

From NIHR we have reports on their plans to implement the work of the Interagency Committee with an Interagency Rehabilitation Research Information Systems (IRRIS) a report on which is attached (Appendix F). In addition to IRRIS there are a number of other databases which could be incorporated into the information system, such as (See glossary in Appendix I for complete names) NCHS, NARIC, ABLEDATA, MEDLINE. The July/August, 1982, Programs lists fourteen different sources on statistics on disability. The Council strongly recommend that the full implementation of IRRIS proceed with all possible speed.

One problem the Council would have is that not all applications of research can be identified. For instance a physician may read a research report in MEDLINE and apply the technique to a disabled patient. If the technique fails, no report may be made so the Council never learns about it.

A very useful publication in the service area is the "Directory of National Information Sources on Handicapping Conditions and Related Services," Publication No. E-82-22007 from ED, August, 1982. It is the 3rd Edition of what has become a standard reference work which can fill information needs and direct disabled persons to much needed service providers." Also published by ED is a "Pocket Guide to Federal Help for the Disabled Person." Programs adds new organizations from time to time. Programs also lists special evaluations reported by the General Accounting Office (GAO) and other federal agencies on applications of services to the disabled community. Such reports have included those on Special Education, Sheltered Workshops and Vocational Rehabilitation.

These reports could be a most useful information service to the Council and to those to whom it reports. Greater utilization of these Program publications is highly recommended.

A roadblock to the effective utilization of information from the large variety of sources mentioned above is that the information reported is not uniform in format. A standard system of reporting needs to be agreed upon, in order that data from the various sources may be merged into a comprehensive system.

Once all of the areas of need have been identified, the Council would then, in line with its priorities, address the outcomes of how the services are provided. With its present level of funding and staff it would be most difficult for the Council to review and assess more than a few agencies at any given time. The essential need, however, is to get the reporting system in place. It may well be that the Council members themselves will not possess expertise in depth to evaluate a given activity. Reference could be made, however, to the testimony of experts in the several areas who have been called to address the Council. Their testimony and Council recommendations would then be incorporated into future reports of the Council.

Given sensible attention of the program outlined, the Council would then be in a position to fill its mandate to make recommendations to the Secretaries, the President and the Congress on the needs of disabled Americans.

F. Strengthen the disability benefits of the Social Security System.

The National Council on the Handicapped has unanimously adopted the following resolution in regard to the current Social Security System:

WHEREAS, hundreds of thousands of disabled Americans are permanently and/or temporarily limited in their ability to work and are dependent upon the Social Security system for their economic well-being, and

WHEREAS, representatives of the Congress, the Executive Branch, the Social Security Administration and others indicate that the Social Security system is suffering from serious problems which may in turn cause other present and potential negative socio-economic effects on the nation, and

WHEREAS, in an effort to remedy some of these problems and to ensure that benefits are appropriately distributed to those eligible to receive them the Social Security Administration, has since 1980, conducted extensive reviews of persons receiving disability benefits, and

WHEREAS, the linkage between Social Security beneficiaries and the vocational rehabilitation system has in many cases been effectively weakened, and

WHEREAS, current and proposed measures to remedy these situations will have very significant impact on the lives of the more than 35 million disabled Americans, and

WHEREAS, the National Council on the Handicapped has the unique capacity to provide to the Social Security Administration and to those dealing with the current problems of the system, insight into the needs and concerns of the disabled population, therefore

BE IT RESOLVED that the National Council on the Handicapped fully recognizes that the well-being of the nation and of its disabled citizens requires significant modifications of the Social Security system; that such modifications be developed utilizing the insights and expertise of the NCH and other qualified representatives of the disabled community and disability-related service providers; that such modifications be fiscally responsible; that such modifications not have disproportionately negative impact on disabled citizens; that current disincentives to the productive socio-economic involvement of disabled people be evaluated and eliminated, including certain restrictions involving medical benefits for disabled persons who choose to be employed; that the linkage between vocational rehabilitation opportunities and Social Security benefits be strengthened at both the Federal and state level; that current gaps in coverage of some disabled people be eliminated; that certain procedural and regulatory problems be eliminated regarding the process of applying for and maintaining Social Security benefits, and of dealing with reviews of status and the appeal of Social Security Administration decisions with which the beneficiary might not agree;

BE IT FURTHER RESOLVED that the National Council on the Handicapped will officially communicate its recommendations concerning the Social

Security system to resposible members of the Administration and Congress and will make every effort to contribute to a productive solution to the present problems of the system and those dependent upon it.

This resolution reflects input from members of the Council and a large number of leaders among disabled people, service providers, economists, representatives of the government, and various other authorities.

The resolution was accompanied by a report of research into issues prepared by the Committee on Social Security Issues and volunteer staff. It included accounts of interviews conducted. Primary issues of expressed concern are:

- o disincentives to productive employment;
- o the on-going re-evaluation of disability status and the associated appeals process;
- o the weakening of the linkage between Social Security benefits and opportunities for vocational rehabilitation;
- o overpayment and the associated recovery procedures;
- o the impact of the complexities of the Social Security Administration on the average disabled person; and
- o the current and anticipated process of change in the Social Security system.

A copy of the above resolution has been transmitted to the Social Security Administration.

Appendices

Appendix A. Members of the National Council on the Handicapped

Member	Assignment
Joe S. Dusenbury Commissioner Vocational Rehabilitation Department Landmark Center, Room 301 3600 Forest Dr., P. O. Box 4945 Columbia, S.C. 29240 (803) 758-3237	Chairperson Executive Committee
H. Latham Breunig, Ph.D. 7108 27th Rd., N. Arlington, VA 2213 (703) 534-3414 (TTY only) (301) 588-4605 (Voice/TTY Relay)	Committee on Services Chairperson, Annual Report Committee
Robert V. Bush, C.P.O. P. O. Box 4276 Albuquerque, NM 87196 (505) 268-3328	Executive Committee Chairperson, Research Committee
Justin Dart, Jr. 2012 Lear Lane Austin, TX 78745 (512) 442-9755 TTY - (512) 443-4874	Vice Chairperson Executive Committee Research Committee Chairperson, Committee on Social Securi Issues
John S. Erthein 2318 Bagley Avenue Los Angeles, CA 90034 (202) 466-2066	Committee on Services
Hunt Hamill 550 Cedar Street Winnetka, IL 60093 (312) 649-6005	Committee on Services Committee on Social Security Issues Co-Chairperson, Committee on Disability Prevention
Marian N. Koonce 802 E. Calle Laureles Santa Barbara, CA 93105 (805) 682-5660	Research Committee Annual Report Committee
Carmine Lavieri P. O. Box 559 Winsted, CT 06098 (203) 379-2761	Committee on Services Committee on Social Security Issues

Michael Marge, Ed.D. Professor Syracuse University Communicative Disorders Program 805 S. Crouse Avenue Syracuse, NY 13201 (315) 423-4121	Chairperson, Committee on Services Executive Committee Co-Chairperson, Committee on Disability Prevention Annual Report Committee
Nanette F. MacDougall 14360 Sunset Blvd. Pac. Palisades, CA 90272	Research Committee
Sandra Swift Parrino 123 Marlborough Road Briarcliff, NY 10510 (914) 941-3334	Vice Chairperson Executive Committee Committee on Services
Roxanne S. Vierra 2200 Green Oaks Drive Littleton, CO 80121 (303) 758-7611	Research Committee
Henry Viscardi, Jr., LLD (Hon.) Pres. Emeritus Human Resources Center Albertson Long Island, NY 11507 (516) 747-5400	Committee on Services
Alvis Kent Waldrep, Jr. 1810 Westminster Grand Prairie, TX 75050 (214) 934-3237	Research Committee Committee on Disbility Prevention

Appendix B. Biographies of Members

JOE S. DUSENBURY lives in Columbia, South Carolina. He is currently the Chairperson of the National Council on the Handicapped. He has been with the South Carolina Vocational Rehabilitation Department since 1960, and has been the Commissioner since 1976. He oversees a wide range of services necessary to rehabilitate physically and mentally handicapped individuals in the statewide network of more than one hundred offices and programs.

Mr. Dusenbury has had ten years experience as the principal of both elementary and junior high schools. While principal of a junior high school he organized the first "ability groups" in area, these recognized the special educational class for educable mentally retarded students on a secondary level.

As an active life member of the National Rehabilitation Association (NRA), he has been both Program Chairperson of the Regional NRA, and President of the Regional and National NRA. He has also been President of the South Carolina Vocational Educational Association, and Vice Chairperson of both the South Carolina Occupational Information Coordinating Committee, and the South Carolina Comprehensive Health Program Study on Manpower.

Among his most notable awards for public service are the 8th Annual Mary E. Switzer Award for excellence in performance of rehabilitation leadership which was presented to him by the National Rehabilitation Association. He is the only recipient of the Region IV RSA Commissioners Award, which was presented in recognition of his constant outstanding leadership in programs having a positive impact on the lives of disabled persons.

H. LATHAM BREUNIG, PH.D. resides in Arlington, Virginia. He is retired from Eli Lilly and Company. At age three, Dr. Breunig had a 25 percent hearing loss, and at age seven his loss of hearing was 95 percent. He attended Wabash College, Indiana, and earned his Ph.D. in Chemistry from Johns Hopkins University, and also studied at Purdue University, Indiana, in the field of Statistics and Quality Control.

Among the many organizations where Dr. Breunig has been active are the President's Committee Employment of the Handicapped, the American Statistical Association, the Clarke School for the Deaf, the Alexander Graham Bell Association for the Deaf, have served on the board of Directors of the last organization for the past twenty-four years, two of them as President. He is currently Chairperson of its Governmental Relations Committee. He founded Telecommunications for the Deaf in 1968, and was Chief Executive Officer until 1978.

Special awards presented to Dr. Breunig have included the President's Committee on Employment of the Handicapped Commendation by President Johnson in 1967; Sertoma International, Midwest Region, Service to Mankind 1968; Sagamore of the Wabash (Governor Branigin of

Indiana) 1969; Telephone Pioneers, Honorary Member, 1973. In 1977 Teletypewriters for the Deaf, Inc. made him the first recipient of its H. Latham Breunig Award.

ROBERT V. BUSH, Certified Prosthetist and Orthotist, resides in Albuquerque, New Mexico, and is a Clinical Associate with the New Mexico Medical School. He is presently Chairperson of the University of New Mexico Medical Center Board of Trustees, and is a member of both the Heights General Hospital Board of Trustees, and the New Mexico Multiple Sclerosis Society Board of Directors. He has been active with the VA prosthetic/orthotic programs, as well as the Division of Vocational Rehabilitation. He is past chairperson of the Bernalillo County Mental Health, Mental Retardation Board of Trustees. He has also served as President of the American Orthotic/Prosthetic Association.

As a Prosthetic/Orthotic technician for Walter Reed Hospital Mr. Bush did research on upper extremity prosthetics, particularly at Northrup Aircraft, setting up the plastic shops in five Army Amputee Centers. Later he was manager of A. J. Hosmer Corp., doing research, and was a leading manufacturer of upper extremity prosthetic components.

JUSTIN W. DART, JR. resides in Austin, Texas and is presently the chairperson and a full time volunteer for the Texas Governor's Committee on Employment of the Handicapped. He also works with a private transitional independent living program involving teaching, guidance and career planning for more than forty-five disadvantaged and disabled persons. He is a wheelchair user since 1948 when he contacted polio.

From 1963 to 1965 Mr. Dart was founder and President of the successful Japan Tupperware Company, Ltd. in Tokyo, Japan. While there, he founded, and was President of, Nippon Greeting Cards Ltd. an experimental venture involving the employment of, and fundraising for, the disabled.

Mr. Dart received his M.A. degree in History from the University of Houston, and later attended the University of Texas Law School. He has edited two books of poetry, and authored several papers on the philosophy of independent living. He has promoted and organized sports activities including bowling for the handicapped in Mexico, as well as basketball and marathon racing for the handicapped in Japan. Mr. Dart is an active member of MIGHT and on the committee of the Austin Resource Center for Independent Living.

JOHN S. ERTHEIN lives in California, where he is currently the President of John S. Erthein, Inc. a public relations firm with offices in Los Angeles and Washington, D.C. He previously served as Vice President of Marketing for a major specialty greeting card publisher, Nu-Art, Inc. in Chicago, Illinois. Earlier, as a management consultant, Mr. Erthein

successfully completed marketing assignments for major clients in a variety of fields.

He is on the Board of Directors for the American Paralysis Association. This organization has the objective of funding research in the problems of the nation's 500,000 spinal cord injured, and their families.

Mr. Erthein, a graduate in marketing from Columbia University, served as an officer in the United States Coast Guard, and was Security Officer and Public Information Officer for his unit in New York.

He was an assistant to Chairman Ronald Reagan on Citizens for the Republic, continued to work for Governor Reagan, and helped the fundraising organization for the Reagan Presidential Campaign.

HUNT HAMILL lives in Winnetka, Illinois, and has been, since 1975, President and Director of the Rehabilitation Institute of Chicago, a part of McGaw Medical Center, which is a part of Northwestern University. From 1968 to 1975 he was President and Director of the Brain Research Foundation, and affiliate of the University of Chicago. He has extensive business experience in highly responsible positions in business and technical fields, serving on the Board of Directors of several technologically oriented industries.

In his present position as Chief Executive Officer of the Rehabilitation Institute of Chicago, a comprehensive medically oriented center which has aided the disabled in employment accessibility, transportation, housing issues, public education programs. He has been influential in changing community attitudes and increasing the acceptance of the disabled.

Hamill's efforts through the Institute have had national impact on the lives of thousands of handicapped people. He has been Chairperson of the Chicago Hospital Council since 1982.

MARIAN NORTH KOONCE of Santa Barbara, California, is the mother of six children, two of whom are physically handicapped. Along with the great amount of time and attention she gives to her family, she has held many administrative and leadership positions in business, most recently as Secretary Treasurer of Western U.S. Construction. Currently she owns and manages an avocado ranch.

She is also involved in numerous local and national organizations. She was the Co-Chairperson of President Reagan's Presidential campaign in Santa Barbara in 1976 and 1980. In both of those years she served a a delegate to the Republican National Convention, and has continued to be politically active.

From 1980 to 1981 she was Vice-President of Recording for the Blind Auxiliary. She has been Treasurer for Citizens for Housing since 1980. She is an active member of the Santa Barbara Auxiliary to the Easter Seal Society, and Treasurer of the Santa Barbara Lincoln Club, and is a board member of the Channel Island Chapter for Multiple Sclerosis.

CARMINE R. LAVIERI resides in Winsted, Connecticut where he is a practicing Attorney-at-Law with the firm of Howd, Lavieri and Finch. He is also Treasurer of Sterling Engineering Corp. He served with the U.S. Army from 1942 to 1946, being released with the rank of Captain. Following this he recived an L.L.B. from the University of Connecticut School of Law. He has had multiple sclerosis for 15 years and has a resulting mobility disability.

Mr. Lavieri's civic and professional activities are quite extensive. He is active on several committees of the Connecticut Bar Association and is presently Chairperson of the Connecticut Bar Association Special Committee for Pro Bono activities of members which involve free legal aid for the disadvantaged. He was Secretary of the Connecticut Bar Association from 1969 to 1973, and President from 1975 to 1976. He received the Distinguished Alumnus Award of the University of Connecticut School of Law in 1977. He was a member of the Board of Directors of the University of Connecticut Law School Foundation, and President of the Board in 1975.

In addition, he was a member of the Board of Directors of Winsted Memorial Hospital and President of it from 1963 to 1964. He has also been a member of the Board of Directors of the Easter Seal Society.

MICHAEL MARGE, Ed.D., of Syracuse, New York is Professor of Special Education and Rehabilitation (Communicative Disorders), and Professor of Child and Family Studies at Syracuse University since 1974. He was Dean of the College for Human Development from 1974 to 1979.

Dr. Marge has held numerous positions in the field of Special Education and rehabilitation. In 1964 he began his service for the U.S. Office of Education as Program Coordinator for Speech and Hearing Services in the Division of Handicapped Children and Youth, later becoming Director of Planning and Evaluation for the Bureau of Education for the Handicapped. More recently he was Deputy Commissioner of Education for Planning, Research and Evaluation, (1969-71), and Deputy Director of the Bureau of International Studies in the Department of Health, Education and Welfare, (1971-74).

He was appointed Professional Expert and Consultant by the United Nations in 1980. He has recently evaluated a three year United Nations project to establish a university in a developing country, and chaired the evaluation team to review the establishment of a national diagnostic and evaluation team in another developing country. He is a professional

expert for the Organization of American States, and has been active in special education and rehabilitation projects in Barbados and Trinidad & Tobago.

He has been the recipient of many awards for professional services to the handicapped and disabled. In 1980 he received the Mary E. Switzer Fellowship Award from the National Rehabilitation Association for his contributions to disability prevention.

NANETTE FABRAY MACDOUGALL a resident of Pacific Palisades, California, is a highly successful actress who was born with a progressive hearing disability. Following four operations, the difficulty which threatened her with total deafness was cured. She has continued to be active in organizations benefiting the hearing-handicapped and other disabled persons.

Mrs. MacDougall was Regional Chairperson of the National Easter Seal Society for Crippled Children, and the National Mental Health Asociation. She is past Chairperson of the National Advisory Committee for Education of the Deaf. She currently serves on the Board of the National Captioning Institute, the Better Hearing Institute in Washington, D.C., as well as the House Ear Institute and the Museum of Science and Industry, both of Los Angeles.

Among the many awards she has received, are the President's Distinguished Service Award (1971) and the Eleanor Roosevelt Humanitarian Award (1964). Mrs. McDougall and Helen Keller are the only two women ever to have received the annual Public Service award of the American Academy of Opthamology and Otolaryngology. She has two honorary doctoral degrees, one from Gallaudet College and one from West Maryland College. She was one of the original members of the National Council on the Handicapped, and was reappointed by President Reagan.

SANDRA SWIFT PARRINO of Briarcliff Manor, New York, has been actively involved in serving the handicapped population which includes her son who is physically handicapped. The main thrust of her work in the field includes serving as panelist, speaker, lecturer, lobbyist and liaison for symposia and meetings as a representative for parents of disabled children.

She serves on numerous boards and councils including: past Director for the Office of the Disabled in Ossining and Briarcliff Manor, New York; Westchester County Transportation Council; Westchester Advisory Board to Group Homes for the Retarded; and the New York State Assembly Task Force on the Disabled, which reviews pending legislation. Through her efforts many advances have been made to improve accessibility for the handicapped such as: setting up transportation services and installing voting machines for the disabled; fundraising for the purchase of interpreter services for the deaf in the community; and supervision of the school district compliance with HEW regulations.

Mrs. Parrino is a member of the Board of Rehabilitation International USA and served as representative to the United Nations and UNICEF for the International Year of Disabled Persons (IYDP). As Chairperson of the International Rehabilitation Film Festival in New York, she organized the Film Festival Awards Ceremony at the United Nations, and the reception in honor of IYDP at the U.S. Mission. Mrs. Parrino has been active with the New York State Republican Committee, and also worked on the Westchester Committee for the Election of President Reagan.

ROXANNE S. VIERRA of Littleton, Colorado has been actively involved in business as well as in community and political affairs. Her son, Steven, had brain damage from birth. His handicap gave her insight into the needs of retarded individuals, and caused her to develop the organization, Retardate Unlimited, Inc. which was designed to establish business ventures owned and operated by the mentally retarded. Her objective was to make the retarded more self-sufficient and less dependent on government funds. Steven is an example of what the retarded can do, because he lives in his own townhouse, works as a courtesy clerk at a grocery store, and is relatively independent. Mrs. Vierra has also served as an officer of the Children's Diabetes Foundation which is dedicated to research in finding a permanent cure for children's diabetes, and has worked with the American Lung Association. In the business world Mrs. Vierra has been a Broker Associate for the Devonshire Company selling residential property for the last two years. During this time, she and three other women founded the company, Introducing Denver, Inc. which she serves as Executive Vice President. Its objective is to assist families with the problems of moving and becoming acquainted with a new environment.

Mrs. Vierra has campaigned and organized several activities in National elections including fundraising in President Reagan's campaign.

HENRY VISCARDI, JR., LLD (Hon.) of Long Island, New York is highly respected in the fields of rehabilitation and education. Born without legs and confined to a public ward in a hospital for the first seven years of his life, Dr. Viscardi has devoted his life to insuring that severely disabled individuals have the opportunity to achieve their fullest potential.

Dr. Viscardi has been an adviser to Presidents and has been awarded over a dozen honorary degrees including doctorates in law, science, humane letters and literature. He has written numerous books, and the National Rehabilitation Association presented him with its highest honor, The President's Award Medal. His international contributions include missions to India, Egypt, the Scandinavian Countries, Australia and Western Europe.

In 1952 Dr. Viscardi founded the internationally famed Human Resources Center in Albertson, Long Island. Through this Center, he has shown that the disabled can be fully integrated into every phase of American life from infant education to professional accomplishments. Someone has said "Standing on artificial limbs he is a giant among the great Americans of our time."

ALVIS KENT WALDREP, JR. of Grand Prairie, Texas is the President of the American Paralysis Association a non-profit, 501 (c) (3) organization dedicated to funding a treatment and cure for spinal cord injury. He is responsible for all phases of daily operations which includes budgeting, fund raising, and public awareness, through its National Office which is in Dallas. He oversees the management of the Research Division office, and a San Francisco office. From January 1982 to September 1982 Mr. Waldrep was Executive Vice President of the American Paralysis Association.

From June 1979 to December 1981 Mr. Waldrep was founder and Chief Executive officer of the Kent Waldrep International Spinal Cord Research Foundation, Inc., a non-profit organization which became the American Parlysis Association. He was responsible for planning and implementing all programs (accounting, public education, fund raising, marketing and public relations and medical research) designed to meet the objectives and goals of the Foundation.

Mr. Waldrep served as Assistant Sports Information Director for Texas Christian University from April 1977 to June 1979, when he assisted the Sports Information Director with all sports promotion programs, including media communication, brochure preparation, compilation of statistics and advertising sales. This followed on three years of intensive physical therapy following paralysis caused by a cervical spinal cord injury from football in 1974 which left him a quadriplegic with mobility disability due to paralysis from the neck down.

He is a member of several community and professional groups including Board Member of the Dallas Rehabilitation Institute and National Society of Fund Raising Executives, and has been the recipient of many awards honoring him for his achievements in the areas of disability and handicaps.

Appendix C. National Council on the Handicapped

Committee Structure*

Chairperson:	Dusenbury
Vice Chairpersons:	Dart Parrino
Executive Committee:	Dusenbury (Chairperson) Bush Dart Marge Parrino
Committee on Services:	Marge (Chairperson) Breunig Erthein Hamill Lavieri Parrino Viscardi
Research Commitee:	Bush (Chairperson) Dart Koonce MacDougall Vierra Waldrep
1983 Annual Report Committee:	Breunig (Chairperson) Koonce Marge
Committee on Social Security Issues:	Dart (Chairperson) Hamill Lavieri
Committee on Disability Prevention:	Marge (Chairperson) Hamill Waldrep

* Approved by National Council on the Handicapped December 15, 1982

Appendix D. By-laws of the National Council on the Handicapped

ARTICLE I DEFINITIONS AND STATUTORY REFERENCES

Section 1 "The Council" means the National Council on the Handicapped.

Section 2 "The Act" means P.L. 93-112, the Rehabilitation Act of 1973 as amended by P.L. 95-602, the Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978.

Section 3 "The Secretary" means the Secretary of the U.S. Department of Education and/or Secretary of U.S. Department of Health and Human Services.

Section 4 "The Chairperson" means the Chairperson of the National Council on the handicapped.

Section 5 "The Vice-Chairperson" means the Vice-Chairperson of the National Council on the Handicapped, as established by these by-laws.

Section 6 "The Director" means the Director of the National Institute of Handicapped Research, unless otherwise specified.

Section 7 "The Commissioner" means the Commissioner of Rehabilitation Services Administration, unless otherwise specified.

Section 8 "The Interagency Committee"means the Interagency Committee for the Handicapped Research.

Section 9 "The Institute" means the National Institute of Handicapped Research.

ARTICLE II PURPOSE

Section 1 Name

This body shall be known as the National Council on the Handicapped as established by the Act.

Section 2 Statutory Requirements

Duties of the Council: The Council shall:

(1) establish general policies for, and review the operation of the Institute;

(2) provide advice to the Commissioner with respect to the policies of and conduct of the Rehabilitation Services Administration;

(3) advise the Commissioner of the Rehabilitation Services Administration and of the Developmental Disabilities Administration, the appropriate Assistant Secretaries in the Department of Education and the Department of Health and Human Services, and the Director of the National Council of Handicapped Research on the development of programs to be carried out under this Act.

(4) review and evaluate on a continuing basis all policies, programs and activities concerning handicapped individuals conducted or assisted by Federal departments and agencies including programs established or assisted under this Act or under the Developmental Disabilities Assistance and Bill of Rights Act, in order to assess the effectiveness of such policies, programs, and activities in meeting the needs of handicapped individuals;

(5) make recommendations to the Secretary of Education, the Secretary of Health and Human Services, the Commissioner of the Rehabilitation Services Administration, the Commissioner of the Administration on Developmental Disabilities, and the Director respecting ways to improve research concerning handicapped individiuals, the administration of services for handicapped individuals, and the methods of collecting and disseminating the findings of such research, and make recommendations for facilitating the implementation of programs based upon such findings;

(6) submit not later than March 31 of each year an annual report to the Secretary of Education and to the Secretary of Health and Human Services, the Congress and the President, containing (A) a statement of the current status of research concerning the handicapped in the United States, (B) a review of the activities of the Rehabilitation Services Administration and the Institute and (C) such recommendations respecting the above as the Council considers appropriate.

Section 3 Administrative Powers

The Council may:

(1) prescribe such by-laws and rules as may be necessary to carry out its duties;

(2) hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as it deems advisable;

(3) appoint advisory committees to assist the Council in carrying out its duties. The members of these advisory committees shall serve without compensation;

(4) use the United States mails in the same manner and upon the same conditions as other departments and agencies of the United States.

ARTICLE III MEMBERSHIP

Section 1 Selection of Members

The Council shall be composed of fifteen members appointed by the President with the advice and consent of the Senate. The members of the Council shall be appointed so as to be representative of handicapped individuals, national organizations concerned with the handicapped, providers and administrators of services to the handicapped, individuals engaged in conducting business concerns, and labor organizations. At least five members shall be handicapped individuals, or parents or guardians of handicapped individuals.

Section 2 Terms of Office

(1) Initial Appointments. Of the members first appointed,

(A) five shall serve for terms of one year,
(B) five shall serve for terms of two years, and
(C) five shall serve for terms of three years.

The President designates the length of the terms of initial appointees at the time of appointment

(2) Expiration of Initial Appointments

Memorandum Office of Legal Counsel 10-10-80

Official terms of members appointed to the Council shall expire on September 17, with one exception on September 23. The White House and the Department of Education has determined the above dates to be the official termination dates for Council membership.

(3) Length of Term

Members of the Council shall be appointed to serve for terms of three years, except for initial appointments as designated by the President.

Section 3 Reappointments

Members may be reappointed and may serve after the expiration of their terms until their successors have taken office.

Section 4 Vacancies

Any member appointed to fill a vacancy occurring before the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term.

Section 5 Resignation

A member who wishes to resign from the Council shall so notify the President and the Chairperson in writing.

ARTICLE IV MEETINGS

Section 1 Frequency

The Council shall meet at least four times during th fiscal year.

Section 2 Calling Meetings

(1) Meetings wil be held at the call of the Chairperson.

(2) At the written request of one-third of the appointed members, the Chairperson shall call an otherwise unscheduled meeting.

Section 3 Place of Meeting

The Council shall determine the place and schedule of its meeting.

Section 4 Notification of Meetings

(a) Council Notice

Members of the Council shall receive at least 30 days advance notice of the time and place of regular meetings, and at least 5 days advance notice of the agenda for such meetings. This requirement may be waived by the Chairperson for emergency meetings.

(b) Public Notice

Public Notice of Council meetings will be provided through announcements in the Federal Register in accordance with the Council's regulations published pursuant to the "Government in the Sunshine Act."

Section 5 Quorum

Eight members of the Council shall constitute a quorum and any vacancy in the Council shall not affect its power to function.

Section 6 Voting Procedures

(a) Required Number Voting

Official actions of the Council shall be taken in the presence of a quorum by the affirmative vote of a simple majority of the members present.

(b) Proxy Votes

Proxy votes shall be permitted only when, in the judgment of the Chairperson, it is necessary to execute the business of the Council by such means. Such proxy votes shall be written, signed by the voter, and presented to the Chairperson, who shall announce the proxy vote before taking the vote of members present. This subsection shall not be construed to allow any Council member to delegate to any other Council member the authority to make judgments on behalf of the absent party.

(c) Recording of Votes

Votes of the Council shall be officially recorded in a manner determined by the Chairperson or by the Council.

Section 7 Conduct and Procedures of Meetings

(a) Operation of Meeting

Meetings shall be conducted under the direction of the Chairperson in compliance with these by-laws and in such a manner as to encourage free discussion and participation of all Council members.

(b) Open Meetings

Council meeting shall be open to public observation, except where the Council determines that a meeting or a portion thereof should be closed in accordance with the Council's regulations pursuant to the Government in the Sunshine Act. A majority of the Council membership shall determine, with certification from the Office of General Counsel, Department of Education, when a meeting or a portion thereof, is closed to the public, in accordance with the Government in the Sunshine Act.

(c) Participation by Non-Members

At meetings open to the public, the Council may determine when non-members may participate in its

discussions. Observers are not expected to participate in Council meetings unless requested to do so by a member of the Council.

Section 8 Rules for Conduct of Council Business

The Council shall from time to time establish such rules (procedures, forms, requirements) as it deems necessary for the conduct of its business.

ARTICLE V OFFICERS

Section 1 Chairperson

The Chairperson of the Council shall be designated by the President from among the appointed members of the Council.

Section 2 Vice-Chairperson

There may be a First Vice-Chairperson and a Second Vice-Chairperson selected annually to act for the Chairperson in his absence and to perform such other duties as may be assigned by the Chairperson or by the Council. The Vice-Chairperson shall be designated by the Chairperson with the approval of the majority of the Council.

Vice-Chairperson selected annually to act for the Chairperson in his absence and to perform such other duties as may be assigned by the Chairperson or by the Council. The Vice-Chairperson shall be designated by the Chairperson with the approval of the majority of the Council.

Section 3 Duties of the Chairperson

(a) Duties

The duties of the Chairperson shall include:

(1) To perform all the duties assigned by law or by the Council;

(2) To preside at Council meetings;

(3) To represent the Council in public and before other governmental or private bodies;

(4) To provide that an adequate record of Council proceedings be made and maintained and such record is distributed to members and such other persons as the Council may direct, consistent with law and other rules of the Council.

(b) Delegation

The Chairperson may delegate his responsibilities in a manner consistent with law and these by-laws.

(c) Appointment of Advisors

With the approval of the Council, the Chairperson may designate advisors to assist the Council. Advisors may be invited to attend Council activities, including those to which other non-members have not been invited in accordance with the Council's regulations pursuant to the Government in the Sunshine Act.

ARTICLE VI COMMITTEES

Section 1 Council Committees

(a) Establishment

The Council may establish standing or ad hoc committees from among its members as it deems necessary for the performance of its functions. Committees of the Council may be established by the Chairperson, as deemed necessary for carrying out the duties of the Council.

(b) Meetings

Meetings of Council committees are called by the committee Chairperson, with the approval of the Council Chairperson.

(c) Procedures

Official committee meetings wil be governed by the laws, regulations and by-laws that govern the Council as a whole.

Section Advisory Committees

The Council may appoint advisory committees to assist in carrying out its duties. The members of advisory committees shall serve without compensation. Advisory committees may include non-members.

ARTICLE VII DUTIES AND RESPONSIBILITIES OF MEMBERS

Section 1 Standards of Conduct

Members of the Council shall act in a manner consistent with the laws and by-laws of the Council. The Council adopts as its policy on standards of conduct the standards and requirements set forth by Department of Education

Counsel in the document. "Legal Briefing for Advisory Council/Committee Members as revised 8-18-80; except that Council members are exempt from Hatch Act coverage to the same extent as other Presidential appointees who are confirmed by the Senate and who have national policymaking functions.

Section 2 Duties

The Council may define general or individual duties of members as it deems necessary and appropriate to its purpose, in a manner consistent with law.

Section 3 Rules

The Council may make additional rules and regulations pertaining to the conduct of its members as it may deem necessary and so long as such rules and regulations are consistent with the provision and intent of applicable laws and regulations.

ARTICLE VIII SUPPORT OF COUNCIL ACTIVITIES

(a) Technical and Professional Employees

(1) The Council is authorized to appoint up to seven technical and professional employees without regard to the requirements governing appointments and classification of Chapter 53 and Chapter 51, Subchapter III of Title 5 of the United States Code. Such additional employees as the Council determines are necessary to assist it in carrying out its duties may be appointed in accordance with the requirements of the civil service laws governing appointments and compensation and within the constrains of the Council's budget and the personnel ceiling of the Department of Education.

Approved Revision September 21, 1981

(2) Executive Director

There shall be an Executive Director with responsibility for management of all assistance to the Council and other duties as defined by the Management Committee.

(3) Selection Procedures

(a) Technical and Professional

The Management Committee of the Council shall recommend staffing requirements and qualifications for professional and

technical employees, and shall review and make recommendations to the Council with respect to such appointments.

Technical and professional employees of the Council may be appointed without regard to provisions of Title 5, United States Code, governing appointments in the competitive service, or the provisions of Chapter 51 and Subchapter III of Chapter 53 of such title relating to classification and General Schedule pay rates.

Support Staff

The Executive Director shall obtain support staff and services as required to enable the Council to carry out its duties.

(b) Temporary and Intermittent Services

The Council may procure temporary and intermittent services to the same extent as is authorized by section 3109(b) of Title 5, United States Code.

(c) Administrative Support Services

The Council shall seek on a reimbursable basis such administrative support services as required from the Administrator of General Services.

(d) Staff and Technical Assistance from the Commissioner

The Council may request assistance in carrying out the purposes of this Act from the Commissioner, who may provide staff and other technical assistance to the Council.

(e) Staff and Technical Assistance from the Director

The Council may request staff and other technical assistance from the Director in order to help carry out its duties.

Section 2 Compensation of Council Members

(a) Rate of Basic Pay

Members of the Council shall be entitled to receive compensation at a rate equal to the rate of basic pay payable for GS-18 of the General Schedule under Section 5332 of Title 5, United States Code, including travel time, for each day they are engaged in the performance of duties as members of the National Council.

(b) Compensation of Full-Time Government Employees

Members of the Council who are full-time officers or employees of the United States shall receive no additional pay on account of their service on the National Council. However, they may be compensated for expenses as provided under 402(c) of the Act, and in accordance with Federal travel regulations.

(c) Travel Reimbursement and Per Diem

While away from their homes or regular places of business in the performance of services for the National Council, members of the Council shall be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as persons employed intermittently in the Government service are allowed expenses under Section 5703 of Title 5 of United States Code.

ARTICLE IX PUBLIC PARTICIPATION IN COUNCIL ACTIVITIES AND AVAILABILITY OF COUNCIL RECORDS, REPORTS, AND OTHER DOCUMENTS

Section 1 Legal Requirements

The Council shall make information, documents, and other materials available to non-members and provide for their participation in Council activities in a manner consistent with applicable law and appropriate regulations.

Section 2 Council Procedures

The Council may establish such procedures as it deems appropriate, consistent with Section 1, to facilitate public participation in, and knowledge of, its activities, and shall provide the public sufficient notice of and opportunity to comment upon proposed rules it may promulgate.

ARTICLE X AMENDMENTS TO BY-LAW

Section 1 Proposing Amendments

Any member may propose amendments of these by-laws, by written submission to the Chairperson no fewer than ten days before a meeting of the Council.

Section 2 Adoption of Amendments

Affirmative vote by the number of members constituting a quorum shall be required for amendments of these by-laws.

ARTICLE XI ADOPTION OF BY-LAWS

A two-thirds majority of the Council must agree in a recorded vote to the adoption of these by-laws.

Adopted: November 14, 1980
Amended: September 21, 1981
Amended: December 14, 1982

Appendix E. Presenters at meetings of the National Council on The Handicapped

December Meeting, 1982

Richard Vandiver	Director of the Disability Determination Division, South Carolina Vocational Rehabilitation Department.
George Conn	Acting Assistant Secertary, Office of Special Education and Rehabilitation Services, U.S. Department of Education.
Dr. Edward Sontag	Acting Director, Special Education Programs, OSERS.
Darold Long	Acting Director, National Institute of Rehabilitation Research.
Dr. Herman Goldberg	Executive Administrator, OSERS.
Virginia Knauer	Special Assistant to the President for Handicapped Consumer Affairs.
Dr. Douglas Fenderson	Director Designate, NIHR.
Paul Simons	Deputy Commissioner of Social Security Administration.
Pat Owens	Director of Office of Disability Programs, SSA.
Dr. Jean Elder	Commissioner of Administration on Developmental Difficulties.
William Bradford Reynolds	Assistant Attorney General for Civil Rights.

January/February Meeting, 1983

Harold O'Flaherty	Special Assistant/Surgeon General.
John Doyle	Staff Director, Senate Subcommittee on the Handicapped.
Paul Menzer	General Attorney, Office of the General Counsel, U.S. Department of Education.
Richard Werksman	General Attorney, Office of the General Counsel, U.S. Department of Education.
Dr. C. Everett Koop	Surgeon General.
Robert Carleson	Special Assistant to the President.
Wendy Borcherdt	Acting Deputy Under Secretary Intergovernmental/ Interagency Affairs.
Victor Knorr	Electronic Industries Foundation.

Appendix F. INTERAGENCY REHABILITATION RESEARCH INFORMATION SYSTEM (IRRIS)

The Interagency Committee on Handicapped Research is in the process of implementing a conceptual framework for an Interagency Rehabilitation Research Information System (IRRIS) which will serve as a repository for information on all ongoing federally funded rehabilitation research projects. This system is being developed in cooperation with the Clearinghouse on the Handicapped.

IRRIS will, when operative, enable the Interagency Committee to begin fulfilling its legislative obligations to:

1. identify ongoing rehabilitation research in all agencies, and subsequently analyze and assess the research as a basis for planning and promoting collaborative research and joint funding of research activities;

2. identify gaps, overlaps and opportunities for coordination among all federal agencies; and

3. make the ongoing research information available and readily accessible to government agencies and the research community at large.

CONTENT OF THE DATABASE

Thirty-two agencies funding rehabilitation research have been identified. Contacts with research program offices, grants administration and reporting units showed that the format and depth of information on ongoing research varies greatly among agencies. In some agencies information on ongoing research is retrievable from computerized databases, others publish periodic directories or simply typed listings. None of the thesauri of the computerized databases (CRISP of NIH, Veterans Administration) are very helpful for retrieving rehabilitation research since the concept rehabilitation lends itself to very different interpretations.

In order to achieve consistency among the Federal agencies in identifying the ongoing rehabilitation research appropriate for inclusion in IRRIS a statement of criteria was developed (Appendix G). This statement incorporated a consensus of public and private experts in the field of rehabilitation research and accommodates concepts expressed by the Association of Rehabilitation Research and Training Centers.

In addition, the thesaurus of an existing database, the NIH CRISP system, was reviewed in order to select terms which would retrieve projects within the conceptual framework of the developed criteria. A review of the thesaurus used by the other major database pertinent to ongoing federal rehabilitation reserach, the Veterans Administration system, will occur later in FY 1983.

THESAURUS

Work has begun on development of the IRRIS thesaurus. The base for the thesaurus is the thesaurus of the National Rehabilitation Information Center (NARIC)[1] to which terms will be added as relevant. This work is being coordinated with NARIC to ensure that ultimately a single thesaurus will serve the information needs of the rehabilitation community.

OUTPUT

The database will yield the following types of output: compilation of project descriptions in specific subject areas; lists of projects by supporting agency, performing organization, and principal investigator; and projects with specific levels of funding. Project descriptions will also be retrievable by fiscal year.

ACCESS

The Interagency Committee has arranged to make IRRIS available through the Bibliographic Retrieval Services (BRS)[2] through an interagency agreement with the Library of Congress, which has contracted with BRS to make its database development services available to all federal libraries and information operations.

Access will not only be available to Federal administrators and researchers but the file will also be available to all BRS users, which include libraries, universities, information centers, medical centers, state agencies, and commercial organizations across the country. In addition, BRS has a small but growing international clientele. The rehabilitation community will have access to the file either through BRS or through NARIC which as a BRS subscriber will have the capability of searching IRRIS.

BENEFITS OF THE SYSTEM

The IRRIS will serve the Interagency Committee as the basis for its coordination efforts since it will produce yearly compilations of ongoing Federal rehabilitation research in specific subject areas, total Federal expenditure and amounts by subject areas. These compilations will allow identification of gaps and duplications thereby facilitating

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1. NARIC is an information operation funded by the National Institute of Handicapped Research and operated by Catholic University of America which collects, stores and disseminates bibliographic references to all reports and publication and non-print materials resulting from research funded by the Institute. Hard copies of referenced materials are available on a cost-recovery basis.
2. Bibliographic Retrieval Services is a database vendor which provides access to its subscribers to about 50 databases for online searches.

more efficient use of resources in terms of funding and personnel by all federal agencies involved in rehabilitation research. IRRIS will contribute toward better communication and planning among agencies and aid in assessment and evaluation of the field and its components. The rehabilitation research community at large will have access to the system and have the opportunity to use it as a networking tool among people of kindred interests.

GOALS FOR FY 1983

Work on the thesaurus will be completed early in FY 1983. FY 1981 descriptions will be entered into IRRIS. FY 1982 descriptions will be collected, and input into IRRIS as resources permit. It is anticipated that IRRIS will be operational and available to the rehabilitation community late in FY 1983.

Appendix G. Interagency Committee on Handicapped Research

Research related to rehabilitation of handicapped individuals include all studies directed toward acquiring knowledge applicable to:

the functional restoration, improvement, or stabilization of physical, emotional, social, academics and/or vocational preformance and independence of physically or mentally disabled individuals.

The pursuit of new knowledge will relate to:

- rehabilitation, education, staff training methods and skills used by rehabilitation and/or rehabilitation related personnel
- methods and cost efficiency in the delivery of rehabilitation services
- instrumentation to measure function and evaluate the efficacy of rehabilitation intervention
- bio-medical and rehabilitation engineering technology and/or of devices and augmentative systems
- identifying and reducing physical, psycho-social or environmental barriers (architectural, communication, transportation, housing or attitudinal through public and professional education)
- understanding the functional consequences of the disabling condition and the mechanisms producing, resolving or offsetting these consequences
- techniques designed to better screening and identifying of disability
- prevention of secondary complications, re-occurrence or regression of functional loss
- methods of assisting handicapped individuals to improve interpersonal relationships and their motivation to function independently

Studies not directly concerned with rehabilitation which provide basic background information on research utilization and demographics should be included:

- methods of narrowing the time gap between the discovery of new knowledge technology and devices and their universal application (utilization) through effective dissemination of results to the rehabilitation community

- acquisition and analysis of disability data to give a better understanding of the prevalence, nature and origin of specific disabling conditions and their relationship to other factors (demographic, social, economic, vocational and health related variables, and those pertinent to service delivery).

Appendix H. Federal Agencies Funding Rehabilitation Research

Department of Agriculture

Department of Defense

Department of Education
- Special Education Programs
- Vocational Education
- National Institute of Education
- National Institute of Handicapped Research

Department of Health and Human Services
- National Institutes of Health
  - National Institute on Aging
  - National Institute on Allergy and Infectious Diseases
  - National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases
  - National Institute of Child Health and Human Development
  - National Institute of Dental Research
  - National Institute of Neurological and Communicative Disorders and Stroke
  - National Cancer Institute
  - National Heart, Lung and Blood Institute
  - National Institute of Environmental Health Sciences
  - National Institute of General Medical Sciences
- Alcohol, Drug Abuse and Mental Health Administration
- Maternal and Child Health
- Health Care Financing Administration
- Social Security Administration
- Health Resources and Services Administration
- National Institute for Occupational Safety and Health
- Administration on Developmental Disabilities
- Administration on Aging
- Assistant Secretary for Management and Budget

Department of Labor

Department of Housing and Urban Development

Department of Transportation

National Aeronautics and Space Administration

National Science Foundation

Veterans Administration

Appendix I. Glossary of Abbreviations and Acronyms

ALDEDATA	Computer System for National Rehabilitation Information Center
AIS	Abbreviated Injury Scale
ATBCB	Architectural and Transportation Barriers Compliance Board
BRS	Bibliographic Retrieval Services
CAP	Citizens Action Program
CC	Current Council
CETA	Comprehensive Employment and Training Act
CIL or ILC	Center for Independent Living
DD	Developmental Disability(ies)
DHHS	Department of Health and Human Services
DOT	Department of Transportation
ED	U.S. Department of Education
EDP	Electronic Data Processing
EIF	Electronics Industries Foundation
ERIC	Educational Resources Information Center
FY	Fiscal Year
GAO	General Accounting Office (U.S. Congress)
HEW or DHEW	Department of Health, Education and Welfare
ICDP	Individualized Career Development Plan
ICHR	Interagency Committee on Handicapped Research
IEP	Individualized Educational Plan
IRRIS	Interagency Rehabilitation Research Information System
IWRP	Individualized Written Rehabilitation Program
MEDLARS	Medical Literature Analysis and Retrieval System
MEDLINE	MELARS on Line
NARIC	National Rehabilitation Information Center

NCH	National Council on the Handicapped
NCHS	National Center for Health Statistics
NCPSI	National Commission on Private Sector Initiatives
NCLD	National Center for Law and the Deaf
NHTSA	National Highway Traffic Safety Administration
NIDR	National Institute of Dental Research
NIH	National Institutes of Health
NIHR	National Institute of Handicapped Research
NIMH	National Institute of Mental Health
NINCDS	National Institute for Neurologic and Communicable Diseases and Stroke
OIRH	Office of Information and Resources for the Handicapped
OSE	Office of Special Education
OSERS	Office of Special Education and Rehabilitation Services
OTA	Office of Technology Assessment
PIC	Private Industry Councils
PWI	Projects with Industry
R & D	Research and Demonstration
R & T	Research and Training Centers
RE	Rehabilitation Engineering
REC	Research Employment Centers
RSA	Rehabilitation Services Administration
RTC	Research Training Centers
SEP	Special Education Program
SSA	Social Security Administration
SSDI	Social Security Disability Insurance (SSA)
SSI-VR	Social Security Insurance-Vocational Rehabilitation

TDD	Telecommunications for the Deaf
TTY	Teletypewriter
UNICOM	Universal Communication System
VR	Vocational Rehabilitation Agencies

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